### COMMITTEE ON NATURAL RESOURCES

## 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources oversight hearing titled "Mining in America: Powder River Basin Coal Mining the Benefits and Challenges."

July 9, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Mary J. Hutzler
2. Name of Organization(s) You are Representing at the Hearing: Institute for Energy Research
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

### For all Witnesses

Name/ Organization: Mary J. Hutzler /Institute for Energy Research

Title/Date of Hearing: Oversight hearing titled "Mining in America: Powder River Basin Coal Mining the

Benefits and Challenges."/ July 9, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.A., mathematics Adelphi University; M.S. in applied mathematics University of Maryland Course work and oral exams toward a Ph.D. in Operations research at the George Washington University

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Presidential Rank Award, 1999, for overseeing development of the National Energy Modeling System (NEMS); Presidential Rank Award 2004.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

More than 25 years of service at the Energy Information Administration (EIA), the non-partisan energy statistics and analysis branch of the DOE. Director, Office of Integrated Analysis and Forecasting, EIA. Acting Administrator, EIA. Deputy Administrator, EIA.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

### None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

### None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

### **Witnesses Representing Organizations**

Name/ Organization: Mary J. Hutzler /Institute for Energy Research

Title/Date of Hearing: Oversight hearing titled "Mining in America: Powder River Basin Coal Mining the

Benefits and Challenges."/ July 9, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

My title is Distinguished Senior Fellow for the Institute for Energy Research, otherwise, no office, elected position, etc.

i. Any federal grants or contracts (including subgrants or subcontracts) from the federal government that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

132001 01-23-12

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

Open to Public

A For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address INSTITUTE FOR ENERGY RESEARCH Name change 76-0149778 Doing Business As Initial retum Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number Termin-1100 H STREET, NW 400 202-621-2950 Amended City or town, state or country, and ZIP + 4 3,643,836. G Gross receipts \$ Applica-WASHINGTON, DC 20005 H(a) Is this a group return pendina F Name and address of principal officer: THOMAS PYLE Yes X No for affiliates? SAME AS C ABOVE Yes [ H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or [ If "No," attach a list. (see instructions) Website: ► WWW.INSTITUTEFORENERGYRESEARCH.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Other > Association Year of formation 1989 M State of legal domicile TX Part | Summary Briefly describe the organization's mission or most significant activities: THE INSTITUTE FOR ENERGY Governance RESEARCH (IER) IS A NOT-FOR-PROFIT ORGANIZATION THAT CONDUCTS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 6 Number of independent voting members of the governing body (Part-VI, line 1b) 4 S Total number of individuals employed in calendar year 2011 (Part V) line 2aR ECEIVED  $\overline{14}$ 5 0 6 Total number of volunteers (estimate if necessary) 6 Ō. SHOW OF THE PROPERTY OF THE PR 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4 2012 b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** ,387,289. 3,627,312. Contributions and grants (Part VIII, line 1h) Revenue 9,510. 3,530. Program service revenue (Part VIII, line 2g) 4,036. 2,865. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,958. -35,403. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,364,261. 3,643,836. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 89,639. 13 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 860,552. 988,750. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 12,476. 0. 148,605. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,119,062. 1,073,856. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,209,927. 1,934,408. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 154,334.1,709,428. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 958,204. 2,658,165. 104,172. 94,705. 21 Total liabilities (Part X, line 26) 854,032. 563,460 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of Afficer Date Sign THOMAS PYLE, PRESIDENT Here Type or pont name and title Date PTIN Print/Type preparer's name 11-6-1 Paid ROBERT COCCHIARO P01203311 Firm's name COCCHIARO & ASSOCIATES Preparer 20-4534812 Firm's EIN Firm's address 211 NORTH UNION STREET, Use Only ALEXANDRIA, VA 22314 Phone no 703-519-1226 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4e T

Form **990** (2011)

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

1,655,882.

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. <i>.</i>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8_		X
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	_		х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		Α.
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 1.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	v	,
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Х	X
13 14a		13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		_ A
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	<b>990</b> (	2011)

		<u> 149778</u>	P	age <b>4</b>
Pa	t W Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_ X
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		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disquali	fied		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	r,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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_		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	ļ <u>.</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1	,.	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192	1 7		I

Note. All Form 990 filers are required to complete Schedule O

Page 5

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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 A	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		Į.	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					.,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file Form 80802	as req	uired	_		v
-	to file Form 8282?	د ج		7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d	H2	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contribution of the organization of the personal benefit contribution of the organization of the organizati		λ:	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		100 se required?	7g	-	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization lie is		•	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		-	8		
9	Sponsoring organizations maintaining donor advised funds.	<b>,</b>	o damig the your			
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a	ļļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b_				
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?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا				
_	organization is licensed to issue qualified health plans.	13b				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanging services during the tay year?	13c	<u> </u>	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.	۰.	ŀ	14a 14b		
<u> </u>	in 100, mas it lifed a routh resort to report these payments: If 140, provide an explanation in Scheduli	<del> </del>			990 (	2011)
				1 01111	727	2011)

132005 01-23-12

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

	to mile da, da, or real below, decisive the direction, processes, or drivinges in believed to		1/31/001/0/13							
	Check if Schedule O contains a response to any question in this Part VI	-				X				
Sec	tion A. Governing Body and Management		<del></del>							
		ı	1	<u></u>	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	l		_						
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_	<del></del>	6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			Х				
•	officer, director, trustee, or key employee?			2						
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other person?	e aire	ct supervision	١,		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	200	na filad?	3 4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass		is illed,	5		X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	anoint	one or	6		X				
	more members of the governing body?	opon n	One of	7a	:	Х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	1.0						
_	persons other than the governing body?		010010, 01	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following			<del>,,,,,,</del>				
а	The governing body?		o tono ming	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	esc <i>n</i> be							
	In Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х					
a	The organization's CEO, Executive Director, or top management official			15a	X					
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b						
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment "	uth a							
. va	taxable entity during the year?	Hent V	mii a	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its r	narticination	100						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-							
	exempt status with respect to such arrangements?		., 0	16ь						
Sec	tion C. Disclosure			-1						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C	A,C	O,FL,GA,H	I,IL	, KY	, ME				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T		-			·				
	for public inspection. Indicate how you made these available. Check all that apply.	•	,,,,,,							
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, a	nd finar	icial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the organiz	ation: 🕨	·					
	THE ORGANIZATION - 202-621-2950									
132NN	1100 H STREET, NW, NO. 400, WASHINGTON, DC 20005	· · · · · ·								
13200 01-23-	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990 (	2011)				
	<b>n</b>									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(B)			Posi	tion			(D)	(E)	<b>(F)</b> Estimated
hours per	box	, unle	ss per	rson	ıs bot	h an	compensation	compensation	amount of other
(describe hours for related	e   ਜ਼੍ਰੇ       the			the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
1 00	v							0	0
1.00	Λ						0.		0
1.00	x						0.	0.	0
1.00									
1.00	Х						0.	0.	0
1.00	Х						0.	0.	0
1.00	X						0.	0.	0
1.00	х						0.	0.	0
30.00			х				151,328.	102,314.	19,981
40.00			Х				128,850.	0.	10,759
32.00			х				101,841.	57,898.	12,592
40.00			х				8,922.	0.	749
38.00					х		120,670.	36,830.	12,728
44.00	_				х		88,861.	12,352.	7,464
	Average hours per week (describe hours for related organizations in Schedule O)  1.00  1.00  1.00  1.00  1.00  30.00  40.00  32.00  40.00  38.00	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00 X	Average hours per week (describe hours for related organizations in Schedule O)  1.00 X  1.00	Average hours per week (describe hours for related organizations in Schedule O)

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	990 (2011) INSTITUTI									76-014	<u> 19778</u>	<u>}                                    </u>	2age <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average			(C Pos	C) Ition	)		(D) Reportable	<b>(E)</b> Reportable	E	(F) stima	ted
	,	hours per week (describe hours for related organizations in Schedule	stee or director	, unle	ss pe	rson i irecto	Highest compensated highest compensated employee	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con ) 1 org ar	mount othe mpens from the ganizated ganizated	t of r sation he ation ated
		O)	Indiv	Insti	Officer	Keye	High	Former					
···-													
_													
	Sub-total  Total from continuation sheets to Part VI	Section A	1	l	<u> </u>	<u> </u>			600,472.	209,394	1. 6	54,2	273.
	Total (add lines 1b and 1c)	i, Section A					<u></u>		600,472.	209,394		4,2	273.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			4
3	Did the organization list any former officer,			e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on		Yes	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co							the organization	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr			Idual for services	5	X	X
Sec	tion B. Independent Contractors												1
1	Complete this table for your five highest co the organization. Report compensation for									· · · · · · · · · · · · · · · · · · ·	ensation	from	
	(A) Name and business	address	N	INC	₹				(B) Description of s	services	Compe	(C) ensatı	on
										-			
								-					
	<del> </del>					_		$\dashv$					
2	Total number of independent contractors (i	ncluding but r	ot li	mıte	d to	tho	se lis	sted	d above) who received m	nore than			·····

Form **990** (2011)

\$100,000 of compensation from the organization

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				***************************************
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,	426 527	242 224	41 050	
	trustees, and key employees	436,527.	342,224.	41,269.	53,034
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
_	persons described in section 4958(c)(3)(B)	240 216	210 556	22 704	
7	Other salaries and wages	349,216.	310,556.	32,704.	5,956
8	Pension plan accruals and contributions (Include	12 070	10 400	2 414	0.55
_	section 401(k) and section 403(b) employer contributions)	13,079.	10,400. 13,815.	2,414. 2,969.	265 271
9	Other employee benefits	17,055.	13,815.		2/1
0	Payroll taxes	44,675.	37,218.	4,353.	3,104
1	Fees for services (non-employees):				
а	Management	16 920		16 020	
b	Legal	16,820. 41,908.	4 022	16,820.	264
C	Accounting	41,900.	4,033.	37,511.	364
d	Lobbying Professional fundamental and a Park to 47				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	557,440.	541,857.		15 502
9  2	Other Advertising and promotion	337,440.	341,037.		15,583
3	Advertising and promotion Office expenses	168,975.	91,607.	45,531.	31,837
4	Information technology	7,826.	71,007.	7,826.	31,037
5	Royalties	770201		1,020.	
6	Occupancy	141,837.	117,435.	15,477.	8,925
7	Travel	63,874.	50,766.	8,117.	4,991
8	Payments of travel or entertainment expenses	00,0711	30,7001	0/11/1	4,001
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				· · · •
20	Interest	1,816.		1,816.	
21	Payments to affiliates			1,0101	
22	Depreciation, depletion, and amortization	28,580.		28,580.	
23	Insurance	19,681.		19,681.	
<b>!4</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·			
а	G&A ALLOCATION	0.	127,995.	-140,092.	12,097
a b				110,072.	12,091
c					· · · · · · · · · · · · · · · · · · ·
d					
	All other expenses	25,099.	7,976.	4,945.	12,178
25	Total functional expenses. Add lines 1 through 24e	1,934,408.	1,655,882.	129,921.	148,605
6	Joint costs. Complete this line only if the organization				110,000
•	reported in column (B) joint costs from a combined				
	- operior in column (b) joint costs nom a combined	1			
	educational campaign and fundraising solicitation	1	1		

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		,		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		51,307.	1	90,550.
	2	Savings and temporary cash investments	_	707,848.	2	2,349,488
	3	Pledges and grants receivable, net	•	•	3	
	4	Accounts receivable, net		9,313.	4	
	5	Receivables from current and former officers, di	rectors, trustees, kev			
		employees, and highest compensated employe	· •			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sec	_			
_		employees' beneficiary organizations (see instru	•		6	
Assets	7	Notes and loans receivable, net	,		7	
n n n	8	Inventories for sale or use		8,580.	8	15,537
-	9	Prepaid expenses and deferred charges		10,570.	9	15,537 15,830
	10a	Land, buildings, and equipment: cost or other	1 1	······································		
		basis. Complete Part VI of Schedule D	159,718.			
	ь	Less accumulated depreciation	10b 91,390.	75,213.	10c	68,328
	11	Investments - publicly traded securities		11	<del>-                                    </del>	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		95,373.	15	118,432
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	958,204.	16	118,432 2,658,165
	17	Accounts payable and accrued expenses	66,215.	17	69,753	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
3	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
	22	Payables to current and former officers, director	rs, trustees, key employees,			·
Liabilities		highest compensated employees, and disqualifi	ed persons. Complete Part II			
4		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			-
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	1	37,957.	25	24,952
	26	Total liabilities. Add lines 17 through 25		104,172.	26	94,705
į		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		852,445.	27	2,271,770. 291,690.
	28	Temporarily restricted net assets		1,587.	28	291,690.
?	29	Permanently restricted net assets		•••	29	
₹		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
5		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
<b>á</b>	31	Paid-in or capital surplus, or land, building, or ed	ulpment fund		31	
	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
•	33	Total net assets or fund balances		854,032.	33	2,563,460.
	34	Total liabilities and net assets/fund balances		958,204.	34	<u>2,658,165.</u>

	1 990 (2011) INSTITUTE FOR ENERGY RESEARCH	76-014	10779	Б.,	12
_	n 990 (2011) INSTITUTE FOR ENERGY RESEARCH	70-01	13110	Pag	ge <b>12</b>
	Check if Schedule O contains a response to any question in this Part XI	<del></del>			<u> </u>
1	. Total revenue (must equal Part VIII, column (A), line 12)	1 1	3,643	3,8	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1 00		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,709		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			32.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	2,563	3,4	60.
Pa	rt XII Financial Statements and Reporting		<u> </u>	•	
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Зь		
			Form 9	9 <b>90</b> (	2011)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number INSTITUTE FOR ENERGY RESEARCH 76\_01/0778

Do	rt I	Daggan		ity Ctotus (All ansatu				41.0		70	-0149	778
				rity Status (All organiz					tructions.			
	organ			because it is: (For lines					_			
1	$\vdash$			s, or association of chur			ection 170	)(b)(1)(A)(i)	).			
2	$\vdash$			<b>70(b)(1)(A)(ii).</b> (Attach Sc	-							
3	$\vdash$			ital service organization								
4	ш			operated in conjunction	with a nos	spital desci	ribed in se	ection 170	)(b)(1)(A)(ii	i). Enter th	ne hospital	's name,
_		city, and sta		1 61 - 6 11 -	-0			_				
5	ш			benefit of a college or un	niversity o	wned or of	perated by	a govern	mental uni	t describe	d in	
_	$\overline{}$		0(b)(1)(A)(iv). (Comple	•								
6				ent or governmental uni								
7	X		•	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	ublic desc	ribed in
_	$\overline{}$	section 170(b)(1)(A)(vi). (Complete Part II.)										
8	H			section 170(b)(1)(A)(vi).		-						
9	Ш			eives: (1) more than 33								
				nctions - subject to certa								
				axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 3	10, 1975.
	$\overline{}$		<b>509(a)(2).</b> (Complete	•								
10	H			perated exclusively to te		-			-			
11	ш			perated exclusively for the								
				ations described in secti				2). See <b>se</b> e	ction 509(	a)(3). Che	ck the box	that
	describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III · Functionally integrated d Type III · Other											
_		a Type		• •				_		d L	Type III • 0	
е	Ш			at the organization is not								
				han one or more publicly						9(a)(1) or s	ection 509	i(a)(2).
f				tten determination from t	the IHS tha	at it is a Ty	pe I, Type	II, or Type	e III			_
_			rganization, check th				_					
9				organization accepted ar								
				firectly controls, either al	ione or tog	jetner with	persons o	described	in (II) and (	III) below,		Yes No
		_		upported organization?	•						11g(i)	<del>                                     </del>
		-	•	n described in (i) above?		-0					11g(ii)	
L			•	person described in (i) o	, ,						11g(iii)	
h		Provide the i	ollowing information	about the supported or	ganization	(S).						
				(iii) Type of	Viva la tha e		(v) Dud		(vi) Is	the T		
(i)		of supported	(ii) EIN	organization		organization sted in your	organizat		organization	on in col		nount of
	orga	inization		(described on lines 1-9		document?		r support?	(I) organiz U S	ed in the	sup	port
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				(	1.00							
				-	<del>                                     </del>							
					<del>-</del>							
								<u> </u>				
					<del>                                     </del>	<del> </del>		-		<del>                                     </del>		
					1				<u> </u>	<del>  -</del>		
Tota	1											
		anerwork Re	duction Act Notice	, see the Instructions fo	or		L	ł	Schodul	a Δ (Form	990 05 96	0-EZ) 2011
, ``				,	<del>-</del> ·					~ ~ ( " \ (	200 01 00	/U"LEJ ZUII

132021 01-24-12

Form 990 or 990-EZ.

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	tails to qualify under the tests	s listed below, piea	ise complete Fart	ui.)			
	ction A. Public Support	1			<del></del> -		
	ndar year (or fiscal year beginning in)	(a) 2007	_(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	000 050	0.704064	0005004			
	include any "unusual grants.")	982,950.	2704964.	2325204.	2404490.	3627312.	12044920.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 050	2704064	2225224	0404400	2605210	10044000
	Total. Add lines 1 through 3	982,950.	2704964.	2325204.	2404490.	362/312.	12044920.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					. d.a	6250060.
	Public support. Subtract line 5 from line 4	<u> </u>					5794860.
	ction B. Total Support	1			, , , , , , , , , , , , , , , , , , ,	Γ	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	982,950.	2704964.	2325204.	2404490.	3627312.	12044920.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 277	11 551	0 076			
	and income from similar sources	3,977.	11,551.	2,876.	2,865.	4,036.	25,305.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			2 22 5			
	assets (Explain in Part IV.)			3,806.		8,958.	
	Total support. Add lines 7 through 10						12082989.
	Gross receipts from related activities,					12	48,727.
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
804	organization, check this box and stor		roomtogo				▶
	ction C. Computation of Publ					1	47.06
	Public support percentage for 2011 (	,,	•	column (f))		14	47.96 %
	Public support percentage from 2010	•	•			15	47.43 %
169	33 1/3% support test - 2011. If the c				14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		_				<b>▶</b> X
D	33 1/3% support test - 2010. If the c				line 15 is 33 1/3%	or more, check th	nis box
47-	and stop here. The organization qual	•			40 40- 40:	-دهم دوران	
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					ז IV how the orgar	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						•
	organization meets the 'facts-and-circ						▶⊣
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 166, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

132022 01-24-12

### Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fail	ls to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	OM, DIEGSE COM	piete Fait II.)	.,			
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and		1,7,	127	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,2,2211	17.300
membership fees received. (Do not include any "unusual grants.")						
· · · · ·		<del> </del>				
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<del>-</del>	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge		ļ				ļ
6 Total. Add lines 1 through 5					_	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		-				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			***************************************			
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		1	·			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
check this box and stop here						<b>▶</b>
Section C. Computation of Public	: Support Pe	rcentage				
5 Public support percentage for 2011 (lin	e 8, column (f) c	livided by line 13, o	column (f))		15	
6 Public support percentage from 2010 S	Schedule A, Part	III, line 15			16	
Section D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 201	1 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	
8 Investment income percentage from 20	)10 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2011. If the o	rganization did i	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	-				•	▶□
<b>b 33 1/3% support tests - 2010.</b> If the o		<del>-</del>	•			and
line 18 is not more than 33 1/3%, chec	-				•	
20 Private foundation. If the organization					-	►Ē
32023 01-24-12				•	edule A (Form 99	0 or 990-EZ) 2

### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

		Form 990, Part IV, line 5 (Prox	y Tax), or Form 990-E	Z, Part V, line 35c (Proxy	Гах), then
	on 501(c)(4), (5), or (6) organiza organization	ations: Complete Part III.		Emn	loyer identification number
ranic or	<del>-</del>	JTE FOR ENERGY RE	SEARCH	Linp	76-0149778
Part I-		ganization is exempt und		or is a section 527 o	
2 Poli		ization's direct and indirect politic			
Part I-	R Complete if the or	ganization is exempt und	ter section 501/c	1/31	
	· · · · · · · · · · · · · · · · · · ·	k incurred by the organization un-		<u>/(∪).</u> ▶ §	
	<u>-</u>	k incurred by organization manag		,	,
	<del>-</del>	on 4955 tax, did it file Form 4720			Yes No
	a correction made?		•		Yes No
	es," describe in Part IV.	<del></del>			
Part I-	C Complete if the or	ganization is exempt und	der section 501(c	), except section 501	(c)(3).
1 Ente	er the amount directly expende	ed by the filing organization for se	ection 527 exempt fund	ction activities	S
2 Ente	er the amount of the filing orga	nization's funds contributed to of	ther organizations for s	section 527	
	mpt function activities			▶ \$	S
		s. Add lines 1 and 2. Enter here a	and on Form 1120-POI	L,	
line				▶\$	<u> </u>
	the filing organization file Form				☐ Yes ☐ No
mac con	de payments. For each organiz tributions received that were p	employer identification number (E ation listed, enter the amount pai fromptly and directly delivered to f additional space is needed, pro-	id from the filing organ a separate political org	ization's funds. Also enter tl ganization, such as a separa	he amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
	<u>-</u>				
For Pape	erwork Reduction Act Notice	, see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2011

132041 01-27-12

14441024 133855 IER

2011.03040 INSTITUTE FOR ENERGY RESEAR IER

Schedule C (Form 990 or 990-EZ) 2011	INSTITUTE FO	OR ENERGY RI	FSFARCH	76-0	149778 Page 2
Part II-A Complete if the or	ganization is exem				149770 Page 2
(election under se					
•	ation belongs to an affilia are of excess lobbying e		Part IV each affiliated	group member's nam	ie, address, EIN,
. —	ation checked box A and	•	vicione apply		
D Officer P if the ming organiz	ation checked box A and	d milited control bio	visions apply.	(a) Filing	(b) Affiliated group
	nits on Lobbying Expend nditures" means amour			organization's totals	totals
1 a Total lobbying expenditures to inf	fluence public opinion (g	rass roots lobbying)		0.	-
<b>b</b> Total lobbying expenditures to inf	fluence a legislative body	y (direct lobbying)	İ	0.	
c Total lobbying expenditures (add	lines 1a and 1b)		ĺ	0.	
d Other exempt purpose expenditu	res			1,777,035.	
e Total exempt purpose expenditur	es (add lines 1c and 1d)			1,777,035.	
f Lobbying nontaxable amount. En	ter the amount from the	following table in both	ocolumns.	238,852.	
If the amount on line 1e, column (a)	or (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	-	he amount on line 1e.			
Over \$500,000 but not over \$1,00		plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,		) plus 10% of the exce			
Over \$1,500,000 but not over \$17		) plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00			
g Grassroots nontaxable amount (e	ntor 25% of line 15			59,713.	
h Subtract line 1g from line 1a. If ze	•			0.	
i Subtract line 1f from line 1c. If zer	0.				
j If there is an amount other than z	•	ne 1ı. dıd the organiza	ı Ition file Form 4720		
reporting section 4911 tax for this				Γ	Yes No
		aging Period Under	Section 501(h)		
	zations that made a se olumns below. See the				
	Lobbying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount	275,877.	273,070.	248,763.	238,852.	1,036,562
b Lobbying ceiling amount (150% of line 2a, column(e))					1,554,843
c Total lobbying expenditures	62,421.	363.		<del>-</del>	62,784
d Grassroots nontaxable amount	68,969.	68,268.	62,191.	59,713.	259,141.
e Grassroots ceiling amount (150% of line 2d, column (e))					388,712.

Schedule C (Form 990 or 990-EZ) 2011

62,154.

363.

61,791.

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the	e lobbying activity	Yes	No	Amo	ount
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?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				. 11 1.71
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No" OR	(b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	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		
Par	t IV Supplemental Information				_
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A; and	Part II-B, Iir	e 1. Also, d	complete
this p	part for any additional information.				·
-					
		Schedul	e C (Form	990 or 990	)-EZ) 201

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	INSTITUTE FOR ENER				76-0149	
Pa	t I Organizations Maintaining Donor Advise	ed Funds or (	Other Similar Fund	s or Acc	<b>ounts.</b> Complete if	the
	organization answered "Yes" to Form 990, Part IV, lin					
		(a) Dono	r advised funds	(b) F	unds and other acco	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the a	ssets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	s exclusive legal o	ontrol?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing	that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor,	or for any other purpose	conferring		
	Impermissible private benefit?				Yes Yes	No_
Par	<b>t II</b> Conservation Easements. Complete if the or	rganization answe	red "Yes" to Form 990,	Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organizat	tion (check all tha	t apply).			
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an hi	storically in	portant land area	
	Protection of natural habitat		Preservation of a cer	tified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation	contribution in the form	of a conse	rvation easement or	the last
	day of the tax year.					
					Held at the End of	the Tax Year
а	Total number of conservation easements			28	3	
b	Total acreage restricted by conservation easements			2t	o	
С	Number of conservation easements on a certified historic str	ructure included	n (a)	20	:	
d	Number of conservation easements included in (c) acquired	after 8/17/06, an	d not on a historic struct	ture		
	listed in the National Register			20	<u> </u>	
3	Number of conservation easements modified, transferred, re	eleased, extinguis	hed, or terminated by th	e organizat	ion during the tax	
	year ▶					
4	Number of states where property subject to conservation ea	asement is locate	d▶			
5	Does the organization have a written policy regarding the pe	eriodic monitoring	, inspection, handling of			
	violations, and enforcement of the conservation easements	ıt holds?			Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing c	onservation easements of	during the y	ear 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conse	vation easements during	g the year 🕨	<b>\$</b>	
8	Does each conservation easement reported on line 2(d) about	ove satisfy the rec	uirements of section 170	O(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				L Yes	L No
9	In Part XIV, describe how the organization reports conservat		•			
	include, if applicable, the text of the footnote to the organiza	ation's financial st	atements that describes	the organi	zation's accounting t	for
D.	conservation easements.	-£ A-4   Ui-4i	I T	M 0:	-:I AA-	
Pal	Organizations Maintaining Collections o	=	•	πner Siπ	niar Assets.	
_	Complete if the organization answered "Yes" to Form		* *			
1a	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public ex			ance of pub	olic service, provide,	in Part XIV,
	the text of the footnote to its financial statements that described as a complete of the composition already as a complete of the composition of t					
D	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	education, or rese	arch in furtherance of pt	JOIIC SERVICE	e, provide the followi	ng amounts
	relating to these items:				• •	
	(i) Revenues included in Form 990, Part VIII, line 1				* \$ * \$	<del>-</del>
9	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tre	ageures or other	eimilar accets for finance	al acia are		
2	the following amounts required to be reported under SFAS 1	•		aı yaın, pro	AIGE	
•	Revenues included in Form 990, Part VIII, line 1	110 (400 900) 16	aung to these itellis.	_	• ¢	
a b	Assets included in Form 990, Part X				\$ • \$	
,	, 1000to moladod iii i omi ood, i ait //				<b>*</b>	

132051 01-23-12

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(7)(8)(9) (10)

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12

	dule D (Form 990) 2011 INSTITUTE FOR ENERGY RESEAR						0149778	Page 4
Pa	t Xt Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	<u>ed Finan</u>	<u>cial S</u>	taten	<u>nent</u>	:s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	_			<del></del>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
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 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10				
Par	XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reven	ue p	er Re	turn	j	
1	Total revenue, gains, and other support per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b			1			
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			ŀ			
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b					4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	Vith Expe	nses	per R	letu	rn	
1	Total expenses and losses per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a			ļ			
b	Prior year adjustments	2b						
c	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1				H	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			- 1			
b	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b				一 1.	4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5		
	t XIV Supplemental Information							
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, $\pm$ 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complet $\pm$ X, LINE 2: INCOME TAXES							4; Part
UNI	DER SECTION 501(C)(3) OF THE INTERNAL REVEN	UE (	CODE,	IER	IS	EXI	EMPT FR	OM
THE	PAYMENT OF TAXES ON INCOME OTHER THAN NET	UNI	RELATE	D BU	JSIN	ESS	3 INCOM	E
FOF	THE YEARS ENDED DECEMBER 31, 2011 AND 201	0,	IER HA	D NO	NE	ΤŲ	JNRELAT	ED
BUS	SINESS INCOME AND ACCORDINGLY, NO PROVISION	FO	R INCO	ME T	<u> </u>	s v	VAS	
RΕÇ	UIRED.							

132054 01-23-12

THE ALLIANCE IS EXEMPT FROM INCOME TAX ON INCOME OTHER THAN NET UNRELATED
BUSINESS INCOME UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. FOR
THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THE ALLIANCE HAD NO NET
UNRELATED BUSINESS INCOME AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES
WAS REQUIRED.
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THE INSTITUTE EVALUATED
THE PROVISIONS OF FASB ASC 740-10 RELATING TO ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
AS OF DECEMBER 31, 2011, THE STATUTE OF LIMITATIONS FOR THE TAX YEARS
ENDED DECEMBER 31, 2010, 2009, AND 2008 REMAIN OPEN WITH THE U.S. FEDERAL
TAXING AUTHORITIES. NEITHER IER OR THE ALLIANCE ARE CURRENTLY REQUIRED TO
FILE AN INCOME TAX RETURN IN ANY STATE TAX JURISDICTION.

### SCHEDULE J (Form 990)

### **Compensation Information**

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

Compensated Employees, and All Compensated Employees
Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

Pe	Erit   Questions Regarding Compensation		,	<del></del>
			Yes	No
1a	Check the appropriate 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 Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the house on her do are checked shill the annexative fallows with a shirt			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		•	ł
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee			
	independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or 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?	4a	[	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	***********		
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b	ļ	X
	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			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2011

Part # 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	142.379.	8.949.	0	0	12.635	163.963.	
1 THOMAS PYLE	3	96,263.		0	0	7,346.		
	9	99,934.			0	8,435.	110,276.	0
2 LISA WALLACE	(ii)	56,805.			0	4,157.		
	ε	114,924.	5,746.		0	10,076.		
3 DANIEL KISH	€	35,076.	1,754.	• 0	.0	2,652.		
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ART I, LINE 7: THE INSTITUTE FOR ENERGY RESEARCH (IER) AWARDED
ISCRETIONARY PERFORMANCE BASED INCENTIVE BONUSES TO CERTAIN INDIVIDUALS
ISTED IN PART VII, LINE 1A, WHICH IN THE AGGREGATE TOTALLED \$38,500 AND
SE
ROPORTIONATELY BETWEEN IER AND THE AMERICAN ENERGY ALLIANCE, A RELATED
01(C)(4) WITH WHOM IER SHARES EMPLOYEES UNDER A COMMON PAYMASTER
RRANGEMENT, BASED ON SALARY ALLOCATED TO EACH ORGANIZATION DURING THE
ALENDAR YEAR.

Schedule J (Form 990) 2011

### SCHEDULE O (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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTENSIVE RESEARCH AND ANALYSIS ON THE FUNCTIONS, OPERATIONS, AND
GOVERNMENT REGULATION OF GLOBAL ENERGY MARKETS. IER MAINTAINS THAT
FREELY-FUNCTIONING ENERGY MARKETS PROVIDE THE MOST EFFICIENT AND
EFFECTIVE SOLUTIONS TO TODAY'S GLOBAL ENERGY AND ENVIRONMENTAL
CHALLENGES AND, AS SUCH, ARE CRITICAL TO THE WELL-BEING OF INDIVIDUALS
AND SOCIETY.

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

THE MOST EFFICIENT AND EFFECTIVE SOLUTIONS TO TODAY'S GLOBAL ENERGY AND

ENVIRONMENTAL CHALLENGES AND, AS SUCH, ARE CRITICAL TO THE WELL-BEING

OF INDIVIDUALS AND SOCIETY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED AND APPROVED BY MANAGEMENT FOR ACCURACY. THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF IER PRIOR TO FILING.

THE FORM 990 WAS REVIEWED AND SIGNED BY THE PRESIDENT FOR FILING BY THE DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C: AS A GENERAL RULE, THE

ORGANIZATION DOES NOT ENTER INTO BUSINESS TRANSACTIONS WITH MEMBERS OF THE

BOARD OF DIRECTORS AND REVIEWS ALL TRANSACTIONS FOR POTENTIAL CONFLICTS OF

INTEREST. IF MANAGEMENT OR THE BOARD OF DIRECTORS BELIEVES A CONFLICT OF

INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY PROVIDES FOR SPECIFIC

PROCEDURES TO ADDRESS THE CONFLICT. INDIVIDUALS COVERED UNDER THIS POLICY

INCLUDE OFFICERS, DIRECTORS AND A MEMBER OF A COMMITTEE WITH BOARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

DELÈGATED POWERS. CONFLICTS WHICH MUST BE REPORTED INCLUDE TRANSACTIONS
WITH THESE INDIVIDUALS, MEMBERS OF THEIR FAMILY, ENTITIES IN WHICH THEY
HAVE AN INVESTMENT IN OR RECEIVE COMPENSATION FROM, AND ANY RELATIONSHIPS
IN WHICH THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, BELIEVES MAY OR
DOES CREATE A CONFLICT OF INTEREST. THE POLICY SETS FORTH A REQUIREMENT TO
DISCLOSE THESE CONFLICTS. THE GOVERNING BOARD MAKES ALL DECISIONS
REGARDING THE DETERMINATION THAT A CONFLICT IN FACT EXISTS AND IN THE
DETERMINATION OF THE APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT.
THE PARTY WITH THE POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE
BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL
VOTE OR ACTION OF THE BOARD OF DIRECTORS.

EMPLOYEES ARE ALSO SUBJECT TO A CONFLICT OF INTEREST POLICY CONTAINED IN

THE EMPLOYEE MANUAL. SIMILAR TO THE PROCESS DESCRIBED ABOVE, THE GOVERNING
BOARD AND/OR PRESIDENT MAKE ALL DECISIONS REGARDING THE DETERMINATION THAT
A CONFLICT IN FACT EXISTS AND THE BOARD OF DIRECTORS DETERMINES THE

APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT. THE PARTY WITH THE

POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE PRESIDENT AND/OR

BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL

VOTE OR ACTION OF THE BOARD OF DIRECTORS.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM THE PRIOR YEAR.

STATEMENTS AND POLICY DOCUMENTS AND TO DETERMINE, IN ITS SOLE DISCRETION,

WHETHER TO RELEASE THESE DOCUMENTS TO AN OUTSIDE PARTY.

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 76-0149778

Part

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INSTITUTE FOR ENERGY RESEARCH

(a)	(q)	(c)				9	
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	ne End-of-year assets		Direct controlling entity	
							:
			-				
							:
Part It organizations during the tax year.)	zations (Complete if the organization	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bed	cause it had one	or more related tax-exe	əmpt	
(a)	(q)	(c)	<del>(</del> 5)	(e)	(£)	(8)	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling entity	controlled	Z(U)(13)
				501(c)(3))	•	Yes	S.
AMERICAN ENERGY ALLIANCE - 26-2731617							
1100 H STREET, NW SUITE 400						-	
WASHINGTON, DC 20005	EDUCATIONAL ADVOCACY	DISTRICT OF COLUMBIA 501(C)(4)		NA	ИА	×	
						_	

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

Schedule R (Form 990) 2011

34

76-0149778

Schedule R (Form 990) 2011 INSTITUTE FOR ENERGY RESEARCH

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

3	<u>8</u> 8			nore related	(h) Percentage ownership				Schedule B (Form 990) 2011
9	General or managing le partner?			l one or m	(g) Share of end-of-year assets				lle R (Fo
8	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			use it hac					Sched
	ations? 20 C	 _		34 beca	(f) Share of total Income			!	
ε	Disproportionate allocations?			art IV, line					_
(6)	Share of end-of-year assets			to Form 990, Pa	(e) Type of entity (C corp, S corp, or trust)				
<b>(</b>	Share of total income			on answered "Yes"	(d) Direct controlling entity				
	nt income nrelated, n tax under 12-514)		-	organizati	(c) Legal domicile (state or foreign country)				
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			nplete if the					35
(P)	Direct controlling entity			ration or Trust (Con ear.)	(b) Primary activity				
(c)	Legal domicile (state or foreign country)			s a Corpoi g the tax y					
(2)	Primary activity			anizations Taxable as poration or trust during	<b>Z</b> _				
(e)	Name, address, and EIN of related organization			part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				132162 01-23-12

# Schedule R (Form 990) 2011 INSTITUTE FOR ENERGY RESEARCH

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Xes	2
1 During the tax year, did the organization engage in any of the following transactio	ins with one or more r	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				4		×
c Gift, grant, or capital contribution from related organization(s)				10	×	
<b>d</b> Loans or loan guarantees to or for related organization(s)				2		×
e Loans or loan guarantees by related organization(s)				16		×
* Color of contract to a lead of the color o				,		>
care of assets to related organization(s)				=	1	: ۲
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				4		×
i Lease of facilities, equipment, or other assets to related organization(s)				ï		×
i lease of facilities equipment or other assets from related organization(s)						<b>×</b>
	,				Ť	;
K Performance of services of membership or fundraising solicitations for related organization(s)	related organization(s)			<b>¥</b> ;		× >
Shared of solities perment and to solition to solition to control of solitions of solitions of solitions of solitions to s	dinzallon(3)			= ;	>	4
Shama of paid employees with ralpted organization(s)	illon(s)			٤ ,	۷ >	
				=	4	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				ę	×	
p Reimbursement paid by related organization(s) for expenses				ţ		×
					-	
q Other transfer of cash or property to related organization(s)				\$		×
r Other transfer of cash or property from related organization(s)				1.		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete tl	ils line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) AMERICAN ENERGY ALLIANCE	Z	292,632.				
(2) AMERICAN ENERGY ALLIANCE	д	14,641.				
(3) AMERICAN ENERGY ALLIANCE	Σ	41.842.				
4) AMERICAN ENERGY ALLIANCE	U	300.000				
197						
132163 01-23-12	36		Schedule	Schedule R (Form 990) 2011	066	150

Page 4

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

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

(p) (a) (q) (e)	(4)	(9)	5	(e)	€	(g	3	6	6	8
Name, address, and EIN of entity	Primary activity	micile	t incom related,	Are all 501(c)(3)	φ <sub>+</sub>	Share of end-of-vear	Dispropor- tonate	Dispropor Code V-UBI General or Percentage	General	rPercentage
		country)	excluded from tax under section 512-514)	Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Chedule R (Form 990) 2011 INSTITUTE FOR ENERGY RESEARC	H /6-0149//8 Pag
Part VII   Supplemental Information	Only adula II (and a service and
Complete this part to provide additional information for responses to questions on S	Schedule H (see Instructions).
•	
	<del> </del>
165	
165 13-12	Schedule R (Form 990)

Form 8	3868 (Rev. 1-2012)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		ightharpoons
Note.	Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form (	8868.	
	ou are filing for an Automatic 3-Month Extension, complete				<del></del>	<del></del>
Par	Additional (Not Automatic) 3-Month E	xtensio				
			Enter filer's			e instructions
Type	Name of exempt organization or other filer, see instru-	ctions		Employer	number (EIN) or	
print File by t	he INSTITUTE FOR ENERGY RESEARC	СН		$\mathbf{x}$	76-014	9778
due date			tions		curity number	
filing you return S	I 100 H CORPER NW NO 400					(00.1)
instructi	City, town or post office, state, and ZIP code. For a ic	oreign add	fress, see instructions.			
	WASHINGTON, DC 20005					
						<u> </u>
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
A 15-		D-4	A 12 - A1			<del></del>
Applie Is For		Return Code	Application is For			Return
Form		01	15 FOI			Code
	990·BL	02	Form 1041-A			08
	990·EZ	01	Form 4720			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		<del></del> .	11
	990-T (trust other than above)	06	Form 8870			12
STOP	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	<del>1. '=</del>
	THE ORGANIZATION	NC				
	e books are in the care of $\triangleright$ 1100 H STREET,	NW,	NO. 400 - WASHINGT	ON, D	C 20005	
	ephone No. ► 202-621-2950		FAX No. ▶	-		
	he organization does not have an office or place of business					<b>▶</b> □
	his is for a Group Return, enter the organization's four digit					
box		and atta	ach a list with the names and EINs of	all memb	ers the extens	ion is for.
		NOVEM	BER 15, 2012.			
	For calendar year $\frac{2011}{}$ , or other tax year beginning	<del> </del>	, and endin			
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	return	
7	Change in accounting period  State in detail why you need the extension SEE STA	ипеме.	NIM 1			
′	State in detail why you need the extension SEE STA	AI EME.	NT 1			
					<del></del>	
			· · · · · · · · · · · · · · · · · · ·			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	inter the tentative tax less any			<del></del>
	nonrefundable credits. See instructions.	o. 0000, c	mer the tentative tax, less any	8a	\$	0.
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated			
	tax payments made. Include any prior year overpayment all					
	previously with Form 8868.		, emelin pale	8ь	s	0.
C	Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form, if required, by using	1-3-5	<u> </u>	
	EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
			st be completed for Part II o			_
Under it is tru	penalties of perjury. Leeclare that I have examined this form, includ e, correct, and complete and that I am authorized to prepare this fo	ing accomp orm	panying schedules and statements, and to	the best o	f my knowledge	and belief,
Signati				Date	- Rlull	בו
				Date		38 (Rev. 1-2012)
					1 01111 000	~ (Mev. 1.2012)

123842 01-06-12



Department of the Treasury

Internal Revenue Service

SCANNED DEC 14 2011

**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

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

Open to Public Inspection

A I	For the	2010 calendar year, or tax year beginning a	nd ending							
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addres change	INSTITUTE FOR ENERGY RESEARCH								
	Name change	Doing Business As		76-0	149778					
	Initial	Number and street (or P 0 box if mail is not delivered to street address)		Room/suite E Telephone number						
Ļ	Termin	1100 II BIRBEIT III	400	202-	621-2950					
Ļ	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,419,870.					
L	Application pending	WABILINGTON, DC 20003		H(a) is this a group re						
	<b>F</b>	F Name and address of principal officer: THOMAS PILL		for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates inc						
		empt status. X 501(c)(3) 501(c) ( ) (Insert no ) 4947(a)	(1) or 52	<b>–</b> 1	list. (see instructions)					
		e: WWW.INSTITUTEFORENERGYRESEARCH.ORG	1	H(c) Group exemptio						
	art I	organization X Corporation	L Yea	rofformation 1989	M State of legal domicile TX					
		Summary	TNCTT	TIME FOR END	DCV					
Se		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THF}}$ RESEARCH (IER) IS A NOT-FOR-PROFIT ORGA								
Activities & Governance					<del></del>					
Ver	1		sposea or mo	1.	ssets.					
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	L	3	6					
≪	1	Number of independent voting members of the governing body (Part VI, line 1	D)	4	13					
ţį	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0					
Ξį	1	Total number of volunteers (estimate if necessary)		6	0.					
¥	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.					
_	D	Net unrelated business taxable income from Form 990-T, line 34								
	8	Contributions and grants (Part VIII. line 1h)	-	Prior Year 2,307,704.	Current Year 2,387,289.					
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		7,745.	9,510.					
Ş.	1		<u> </u>	2,876.	2,865.					
æ	1	investment income (Part VIII, column (A), lines 3, 4, and 7d)	<del> </del>	-52,129.	-35,403.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>,</u> ⊢	2,266,196.	2,364,261.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	5,000.	89,639.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	09,039.					
	14	Benefits paid to or for members (Paul X column (A), line 4); Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	<u> </u>	947,422.	988,750.					
Expenses	15	Professional fundraising fees (Part IX, column (A), line 116)	'''  -	0.	12,476.					
ben	100		661.	•	12,470.					
Ä	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24n								
	18	Total expenses Add lined 12 117 (A) lines 112-110, 111-241)	-	2,387,598.	1,119,062. 2,209,927.					
	19	Total expenses. Add lines 13 17 (must equal Part IX; column (A), line 25) Revenue less expenses. Subtractine 18 from line 12	-	-121,402.	154,334.					
Se	19	Teverine less experises. Subtrace ine ito-ito-ito-itio-it-it-it-it-it-it-it-it-it-it-it-it-it-								
anc and	20	Total assets (Part X, line 16)	<u>                                     </u>	reginning of Current Year 781,840.	End of Year 958, 204.					
Ass	21	Total liabilities (Part X, line 16)	-	82,142.	104,172.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		699,698.	854,032.					
	art II				034/0321					
		ties of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments, and to the hest of m	v knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and belief, it is					
	, 001100	, and compact and the part of	Timon propar	11/14/20	3.1					
Sig	n	Signature of other		Date						
Hei		THOMAS PYLE, PRESIDENT								
	`	Type or print name and title								
		Print/Type preparer's name Preparer's name	•	Date Check	X PTIN					
Paid	,	ROBERT COCCHIARO	$\ell$	11-10-11 self-employe	<del></del> :					
	parer	Firm's name COCCHIARO & ASSOCIATES	<b>1</b>	Firm's EIN						
	Only		100	7 1111 0 1111						
	,	ALEXANDRIA, VA 22314		Phone no 7	03-519-1226					
Mə:	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1.110110110	X Yes No					
	001 02-2		ctions.	····	Form <b>990</b> (2010)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	THE INSTITUTE FOR ENERGY RESEARCH (IER) IS A NOT-FOR-PROFIT	
	ORGANIZATION THAT CONDUCTS INTENSIVE RESEARCH AND ANALYSIS ON THE	
	FUNCTIONS, OPERATIONS, AND GOVERNMENT REGULATION OF GLOBAL ENERGY	
	MARKETS. IER MAINTAINS THAT FREELY-FUNCTIONING ENERGY MARKETS PROVIDE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	No.
•	If "Yes," describe these changes on Schedule O.	••
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
 4a		
40	(Code:) (Expenses \$941,058. including grants of \$) (Revenue \$6,845] PUBLIC EDUCATION: IER TURNS RESEARCH INTO EDUCATIONAL MATERIALS.	<u>•</u> )
	IER'S COMMUNICATION AND EDUCATION EFFORTS ARE DISSEMINATED EMPLOYING	
		_
		<u> </u>
	GENERAL PUBLIC, AND OTHER CONSTITUENCIES ON ENERGY ISSUES AND SOUND	
	ENERGY AND ENVIRONMENTAL POLICY. THIS YEAR WE FOCUSED ON THE	
	IMPEDIMENTS TO DOMESTIC ENERGY PRODUCTION, INCLUDING GOVERNMENT	
	RESTRICTIONS ON ACCESS, BURDENSOME REGULATIONS, AND THE FAVORITISM OF	
	ENERGY SOURCES THAT ARE UNSUSTAINABLE IN THE MARKETPLACE.	
4b	(Code) (Expenses \$ 631,935. Including grants of \$) (Revenue \$ 2,665	<u>•</u> )
	RESEARCH: IER CONDUCTS INTENSIVE, ORIGINAL RESEARCH AND ANALYSIS ON THI	<u>E_</u>
	FUNCTIONS, OPERATIONS, AND GOVERNMENT REGULATION OF GLOBAL ENERGY	
	MARKETS. IER HAS EARNED A SOLID REPUTATION AS A PREMIER SOURCE OF	
	ACCURATE, SUBSTANTIVE AND TIMELY ENERGY INFORMATION FOR POLICY MAKERS,	
	THE MEDIA, AND PUBLIC. IER'S SCHOLARLY RESEARCH PROVIDES THE	
	INTELLECTUAL UNDERPINNINGS FOR OUR EDUCATIONAL EFFORTS. THIS YEAR WE	
	FOCUSED ON THE IMPEDIMENTS TO DOMESTIC ENERGY PRODUCTION, INCLUDING	
	GOVERNMENT RESTRICTIONS ON ACCESS, BURDENSOME REGULATIONS, AND THE	
	FAVORITISM OF ENERGY SOURCES THAT ARE UNSUSTAINABLE IN THE MARKETPLACE	•
	·	
4c	(Code:) (Expenses \$87,632. including grants of \$84,638.) (Revenue \$	)
	AMERICAN ENERGY FREEDOM CENTER - AN ENERGY POLICY PROGRAM DESIGNED TO	
	PROMOTE OPPORTUNITY AND COMPETITIVENESS IN THE DEVELOPMENT AND USE OF	
	OUR DOMESTIC ENERGY RESOURCES.	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 6,511 • including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 1,667,136.	_
	Form <b>990</b> (20 <sup>-</sup>	10)

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Form **990** (2010)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

			Yes	No
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	Х	<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		J.
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	· · · · · · · · · · · · · · · · · · ·	04-		
	any tax-exempt bonds?	24c		<del> </del> -
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
<b>2</b> 5a	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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		1
_	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	202		-
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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 IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?	33		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35	25	
u	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-5	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	<u></u>
		Form	99 <b>0</b> (	2010)

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	Check if Schedule O contains a response to any question in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b 0										
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	Х								
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 13										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O										
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
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 Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	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		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).		.,								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_X								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v							
	to file Form 8282?	7с		X							
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any findle, directly or indicately to any graphy and properly any findle, directly or indicately to any findle, directly or indicately or indicately to any findle, directly or indicately o	7-									
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g	<del></del> · -								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h									
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting										
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?	9a	1								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1								
11	Section 501(c)(12) organizations. Enter:		.								
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1								
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?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.		1								
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1								
_	organization is licensed to issue qualified health plans  13b		1								
	Enter the amount of reserves on hand  Did the example the receive any payments for indeer tanging conjuges during the tax year?	4.4-		X							
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Λ_							
D	II _ 1 es, Tias it filed a Form 720 to report these payments 1 _ 140, _ provide an explanation in Schedule O	140									

Form **990** (2010)

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INSTITUTE FOR ENERGY RESEARCH Form 990 (2010) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year 6 **b** Enter the number of voting members included in line 1a, above, who are independent 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? X 2 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? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year a The governing body? Х 8a Х b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? Х 11a 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 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official Х 15a X b Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, FL, GA, HI, IL, KY, ME Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for 18 public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 202-621-2950 1100 H STREET, NW, NO. 400, WASHINGTON,

Form 990 (2010)

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SEE SCHEDULE O FOR FULL LIST OF STATES

20005

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees;

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position				1		Reportable	Reportable	Estimated	
	hours per	(c	heck	( all t	all that apply)			compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JIM CLARKSON											
DIRECTOR	1.00	X						0.	0.	0.	
STEVEN HAYWARD				ĺ							
DIRECTOR	1.00	X	ļ				<u> </u>	0.	0.	0 .	
PRESTON MARSHALL										_	
DIRECTOR	1.00	X				ļ		0.	0.	0.	
WAYNE GABLE									_	_	
DIRECTOR	1.00	X	_			_		0.	0.	0 .	
ROBERT L. TESTWUIDE III	1 00	.,									
DIRECTOR	1.00	X	-					0.	0.	0.	
RICHARD STROUP	1 00	X				ļ			0	0	
DIRECTOR	1.00	^		ļ				0.	0.	0.	
THOMAS PYLE PRESIDENT	40.00			Х		l		144,008.	84,842.	17 271	
ROBERT BRADLEY	40.00			Λ		├	$\vdash$	144,000.	04,042.	17,271.	
CHIEF EXECUTIVE OFFICER	40.00			х				128,850.	0.	9,499	
NANCY BRADLEY						_					
SECRETARY	25.00			Х				38,000.	0.	2,684	
LISA WALLACE											
TREASURER/SVP DEVELOP.	40.00			X				109,264.	39,786.	11,268	
DANIEL KISH									-	<u>.</u>	
SVP PUBLIC POLICY	40.00					X		150,000.	0.	11,689.	
	_										
		<u></u>									
				_							

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Form 990 (2010)

Lat	L VIL Section A. Officers, Directors, Tr	ustees, Key Ei	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(B) (C)						(D)	(E)			(F)	
	Name and title	Average			Pos	itior	1		Reportable	Reportable			mate	d
		hours per	(c	heck	call t	all that apply)			compensation	compensation	۱	amount of		
		week	٦						from	from related		C	ther	
		(describe	director				_		the	organizations		•	ensa	
		hours for	Ιō	₽8			SE E		organization	(W-2/1099-MIS	•		m the	
		related organizations	frustee	Ī		8	E E		(W-2/1099-MISC)			-	nızatı	
		in Schedule	graf	institutional trustee	_	oldr	12 B	<sub>23</sub>					relate	
		O)	Individual	l st	Officer	Key employee	Highest compensated employee	E				orgar	nizatio	ons
				├─		<u> </u>	-	-			+			
			l											
	***	<del> </del>	-	<u> </u>							+			
		-		<u> </u>		<u> </u>	<u> </u>							
				ŀ										
				ļ		_	<u> </u>	_		<del></del>	$\dashv$			
		ļ			<u></u>									
							<u> </u>							
			1											
			_	<u></u>										
						_	L_							
	<del>-</del>								,					
1b	Sub-total						▶		570,122.	124,62	8.	52	, 4	11.
С	Total from continuation sheets to Part V	II. Section A					<b>•</b>		0.		0.		-	0.
	Total (add lines 1b and 1c)	,					•		570,122.	124,62		52	,4	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed at	าดงค	a) wh	no re	<del></del>	·			,	
_	compensation from the organization		1000	11000	, G u	5010	<i>-,</i> •••		cocived more man wroo	,000 in reportable				4
	compensation from the organization												<b>fes</b>	No
3	Did the organization list any former officer	director or tru	etaa	ka	/ Am	اماما	<b>100</b>	or h	ughest componented on	anlavaa an				
J	line 1a? If "Yes," complete Schedule J for s		3100	, ne	y <del>C</del> ili	ipio	уее,	01 11	iighest compensated en	iployee on			1	Х
4	For any individual listed on line 1a, is the si		ام مد		~~~	+100		1 41	har aamaanaatian fram i	be everenmetice	<b> </b> -`	3		<u></u>
7										ne organization		.	v l	
5	and related organizations greater than \$15									-ll. <b>f</b>	<del>  '</del>	4	Х	
5	Did any person listed on line 1a receive or							elati	ed organization or indivi	dual for services		_	1	v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scheauk	9 <i>J T</i>	or st	icn j	pers	on					5		Х
	- <del></del>				-4 -				h - 4					
1	Complete this table for your five highest co	impensated inc	1epe	enae	nt C	ontr	acio	us (	nat received more than	\$ 100,000 of comp	ensatio	on tro	om	
	the organization.							Т				(0)		
	(A) Name and business	address							(B) Description of s	envices	Con	(C)	sation	
MOE	GAN MEREDITH & ASSOCI							$\dashv$	Description of s	CIVICES		ipens		•
	'80 INDIAN CREEK DRIVE		•	177		ο Λ 1	166		MATIHOUCE CE	DVICEC	7	106	2.0	٠,
221	60 INDIAN CREEK DRIVE	, DOLLE	<u>,                                     </u>	V	1 2	. 0 .	LOC	, 1	MAILHOUSE SE	RVICES		100	, 29	94.
								- {						
								-	_					
	<del></del>							$\dashv$	_					
								$\dashv$						
									-					
2	Total number of independent contractors (	including but n	ot lir	mite	d to	tho	se lis	sted	l above) who received m	ore than				
	\$100,000 in compensation from the organi	za <u>tı</u> on ▶				1	<u> </u>							
											Fo	rm 9	90 (2	010)

	rt VI	III   Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	a Federated campaigns	1a	•				
oun	ŧ	b Membership dues	1b					
ts, g	•	c Fundraising events	1c	78,302.				
<u>a</u> if	(	d Related organizations	1d					
S.E	•	e Government grants (contribut	ions) 1e					
er s	f	f All other contributions, gifts, gran						
들됨		similar amounts not included abo	ve 11 2,	308,987.				
Contributions, gifts, grants and other similar amounts		9 Noncash contributions included in lines	1a-1f \$					
0 8		h Total. Add lines 1a-1f			2,387,289.			
_		HOMODAD TA		Business Code		6 045		
/ice	2 a			900099	6,845.	6,845.		
le Si		b PUBLICATIONS		451211	2,665.	2,665.	<del></del> -	ļ
E S		c						
Program Service Revenue		d						
Pr	4	f All other program control rough		-		-		
		f All other program service reve g Total. Add lines 2a-2f	enue	<b></b>	9,510.			
$\exists$	3	Investment income (including	dividends inter		3/310.			<del> </del>
		other similar amounts)	dividends, inter-	<b>&gt;</b>	2,865.			2,865.
	4	Income from investment of ta	x-exempt bond r					2,003.
	5	Royalties		<b>&gt;</b>	<del></del>		-	
		•	(ı) Real	(II) Personal				
	6 a	a Gross Rents						
	t	b Less. rental expenses						
	c	c Rental income or (loss)						
	c	d Net rental income or (loss)						<u>l</u>
1	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
1		assets other than inventory						
	b	b Less cost or other basis						
		and sales expenses						
		c Gain or (loss)		L				
		d Net gain or (loss)		, <u> </u>				-
e l	8 a	a Gross income from fundraisin	g events (not 302 • of	•				
Other Revenue								
8		contributions reported on line Part IV, line 18	•	17,200.				
hei	6	b Less: direct expenses	a b	55,609.				
δ		<ul> <li>Net income or (loss) from fund</li> </ul>	_	<b>337009.</b>	-38,409.			-38,409.
		a Gross income from gaming ac	-		,			1
		Part IV, line 19	а					
	ь	b Less direct expenses	b					
		c Net income or (loss) from gam	ing activities	<b>•</b>		ĺ		
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а					
	b	b Less cost of goods sold	b					
L	С	c Net income or (loss) from sale	s of inventory	<b>•</b>				
L		Miscellaneous Revenu	e	Business Code		•		
	11 a	a OTHER		900099	3,006.		, .	3,006.
	b	ь						
	c							<u> </u>
	_	d All other revenue			2 006			<del></del>
		e Total. Add lines 11a-11d			3,006.	0 510		32 530
032009	12	Total revenue. See instructions	- <del></del>	<b>P</b>	2,364,261.	9,510.	0.	Form <b>990</b> (2010)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b, 8b, 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	89,639.	89,639.		
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 5	Benefits paid to or for members  Compensation of current officers, directors,				<u></u>
	trustees, and key employees	464,621.	288,642.	98,500.	77,479.
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	433,565.	340,391.	84,413.	8,761.
8	Pension plan contributions (include section 401(k)	17 120	0 500	9 464	0.7
9	and section 403(b) employer contributions)  Other employee benefits	17,139. 19,809.	8,588. 10,602.	8,464. 9,124.	87. 83.
10	Payroll taxes	53,616.	36,666.	11,556.	5,394.
11	Fees for services (non-employees):	00,0200	- 00,0000	11/3300	3,331
а	Management				
b	Legal	27,319.	2,844.	15,475.	9,000. 172.
c	Accounting	41,399.	1,645.	39,582.	172.
d	Lobbying	10 456			
e f	Professional fundraising services See Part IV, line 17 Investment management fees	12,476.			12,476.
g	Other	509,224.	506,120.	2,706.	398.
12	Advertising and promotion	5,623.	1,598.	800.	3,225. 69,615.
13	Office expenses	220,343.	132,289.	18,439.	69,615.
14	Information technology				,
15	Royalties	152 250	00 000	40 500	10 500
16	Occupancy	153,350.	98,029.	42,523.	12,798. 11,253.
17	Travel	80,934.	65,831.	3,850.	11,253.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	<del></del>			<del></del> -
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	27,912.		27,912.	
23	Insurance	16,840.		16,840.	
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 0)				
а	G&A ALLOCATION	0.	70,259.	-81,412.	11,153.
b					
C					<del></del>
d					<del>_</del> .
e	All other eveness	36,118.	13,993.	9,358.	12,767.
f 25	All other expenses  Total functional expenses. Add lines 1 through 24f	2,209,927.	1,667,136.	308,130.	234,661.
26	Joint costs. Check here	_,,_,	_, _, , , , , , , , , , , , , , , , , ,	200,100.	201,001.
	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	146,571.	94,979.	0.	51 502
	solicitation	140/3/10	74,313.		51,592.

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Form **990** (2010)

MIC /	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	49,728.	1	51,307 707,848
2	Savings and temporary cash investments	537,737.	2	707,848
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	9,313
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
1	of Schedule L		5	
6	1. 1 (			
i	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)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	9,880.	8	8,580 10,570
9	Prepaid expenses and deferred charges	20,413.	9	10,570
10	' '' ''			
	basis Complete Part VI of Schedule D 10a 138,023.	11		
ı	b Less: accumulated depreciation 10b 62,810.	115,764.	10c	75,213
11	Investments - publicly traded securities		11	······································
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	<del></del> -
14	Intangible assets	10.010	14	
15	Other assets See Part IV, line 11	48,318.	15	95,373
16	Total assets. Add lines 1 through 15 (must equal line 34)	781,840.	16	958,204
17	Accounts payable and accrued expenses	52,055.	17	66,215
18	Grants payable	14 545	18	27 202
19	Deferred revenue	14,545.	19	27,202
20	Tax-exempt bond liabilities	-	20	. <u></u>
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	<del></del> -
23 24	Secured mortgages and notes payable to unrelated third parties		23	····
25	Unsecured notes and loans payable to unrelated third parties	15,542.	24	10,755
26	Other liabilities. Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	82,142.	25	104,172
20	Organizations that follow SFAS 117, check here X and complete	02,142.	26	104,172
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	645,058.	27	852 445
28	Temporarily restricted net assets	54,640.	28	852,445 1,587
29	Permanently restricted net assets	31/0101	29	1/307
27 28 29 30 31 32	Organizations that do not follow SFAS 117, check here		-3	
	complete lines 30 through 34.		1	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	699,698.	33	854,032
34	Total liabilities and net assets/fund balances	781,840.	34	958,204

Form **990** (2010)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

X

Act and OMB Circular A-133?

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

			TE FOR ENERG						76	-0149	778	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ıst comple	te this pai	t) See ins	tructions.				
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	).				
2 🖳	A school des	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)	)							
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter th	ie hospital	l's nam	ıe,
	city, and stat	te:	<u> </u>									
5 📖	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II )									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170	<b>(b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, and	d gross rea	ceipts '	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın except	ions, and (	2) no more	than 33 <sup>-</sup>	1/3% of its	support f	rom gross	invest	ment
			axable income (less sect	tion 511 ta	ex) from bu	sinesses	acquired b	y the orga	ınızatıon ai	iter June 3	30, 197	<b>'</b> 5.
	See section	509(a)(2). (Complete	e Part III.)									
10		= :	perated exclusively to te	•	•			•				
11 🔲			perated exclusively for th							•		or
			ations described in secti				2) See <b>se</b> e	ction 509(	<b>a)(3).</b> Che	ck the box	that	
	describes the	e type of supporti <u>ng</u>	organization and compl	et <u>e lines</u> 1	1e through	n 11h.						
	a L Type		- · · ·		e III - Fund	-	•			Type III - 0		
e			at the organization is not									n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	}(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	ll, or Type	e III				
	supporting o	rganization, check th	nis box									
g			organization accepted ar									
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (	III) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	<u> </u>	
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)		l
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)		Ĺ
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
		<del></del>	1 400 - 6			1						
(i) Name	of supported	(II) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Am	nount of	f
orga	anızatıon		(described on lines 1-9	in col (I) li	sted in your document?		ion in col	(i) organiz	ed in the	sup	port	
			above or IRC section			<u> </u>	r support?	US				
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>					<b> </b>			
									,			
				ļ								
									,			
									<del>                                     </del>			
				ļ	-	ļ	ļ		ļļ.			
Total	<del></del> .			1		L	<u> </u>		<u> </u>			
LHA For P	Paperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (Form	990 or 99	0-EZ)	2010

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Form 990 or 990-EZ.

2010.04050 INSTITUTE FOR ENERGY RESEAR IER\_\_\_\_1

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				<del></del>		<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				0.5·		-
	membership fees received. (Do not						
	include any "unusual grants.")	241,725.	982,950.	2704964.	2325204.	2404490.	8659333.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	241,725.	982,950.	2704964.	2325204.	2404490.	8659333.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4538848.
6	Public support. Subtract line 5 from line 4		· · · · · · · · · · · · · · · · · · ·	, , , , ,			4120485.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	241,725.	982,950.	2704964.	2325204.	2404490.	8659333.
8	Gross income from interest,				****		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,381.	3,977.	11,551.	2,876.	2,865.	23,650.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					-	
	or loss from the sale of capital						
	assets (Explain in Part IV.)				3,806.		3,806.
11	Total support. Add lines 7 through 10			"			8686789.
12	Gross receipts from related activities,	etc. (see instruction	ons)		*****	12	59,562.
13			•	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	•
	organization, check this box and stop					.,,,	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<del> </del>	
14	Public support percentage for 2010 (l	line 6, column (f) di	vided by line 11, c	olumn (f))		14	47.43 %
15	Public support percentage from 2009	Schedule A, Part	ll, line 14			15	47.39 %
16a	33 1/3% support test - 2010. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			$\triangleright X$
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1 <b>/</b> 3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	<b>t - 2010</b> .If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pai	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	lorganization		▶ □
b	10% -facts-and-circumstances tes	<b>t - 2009</b> . If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶ □
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3 ▶□
					Sche	dule A (Form 990	or 990-EZ) 2010

032022

## Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails t
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
	Gifts, grants, contributions, and		· · · · · · · ·					
	membership fees received (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,					<del> </del>		
_	merchandise sold or services per-			1				
	formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose					_		
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513	-						
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf					1		
5	The value of services or facilities						·	
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5					1		
	Amounts included on lines 1, 2, and				<del>  -</del>	<del>                                     </del>		
7 6						1		
	3 received from disqualified persons Amounts included on lines 2 and 3 received		-		-	+	<del></del>	<del></del>
٠	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year					<u> </u>		
(	Add lines 7a and 7b					ļ	<del></del>	
	Public support (Subtract line 7c from line 6)							
Se	ction B. Total Support							
Cale	indar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,					1		
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources							
Ŀ	Unrelated business taxable income				-			
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							<u> </u>
	Net income from unrelated business		•					
	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain				ļ	<del> </del>		
12	or loss from the sale of capital							
	assets (Explain in Part IV.)					<del>                                     </del>		
	Total support (Add lines 9, 10c, 11, and 12)				1	<u></u>		<u> </u>
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 50	1(c)(3) organız	ation,
_	check this box and stop here							<u>▶</u>
<u>Se</u>	ction C. Computation of Publi	c Support Pe	rcentage			,		
	Public support percentage for 2010 (li		•	olumn (f))		15		%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16		%
Se	ction D. Computation of Inves	tment Incom	e Percentage					
17	Investment income percentage for 20	<b>10</b> (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17		%
18	Investment income percentage from 2	<b>2009</b> Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3	3%, and line 1	7 is not
	more than 33 1/3%, check this box ar							▶□
Ŀ	33 1/3% support tests - 2009. If the						an 33 1/3%.	and
	line 18 is not more than 33 1/3%, che							▶ □
20	Private foundation. If the organization						-	
	23 12-21-10	cc. onoon u		_, <u> </u>				0 or 990-EZ) 2010

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization			Emp	loyer identification number
		TE FOR ENERGY RE			76-0149778
Pa	rt I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 of	rganization.
1 2 3	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		<u> </u>
Pa	rt I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	5
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				( )(0)
	rt I-C Complete if the org	<del></del>			
	Enter the amount directly expended		•	·	· · · · · · · · · · · · · · · · · · ·
~	Enter the amount of the filing organ exempt function activities	ization's funds contributed to of	ner organizations for s	ection 527	
3	Total exempt function expenditures	a Add lines 1 and 2 Enter here a	and on Form 1120-POI	7	·
Ŭ	line 17b	s. Add lines I and 2 Enter here a	and on 1 on 1 11201 OL	-, <b>&gt;</b> \$	
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC) If	tion listed, enter the amount par omptly and directly delivered to	d from the filing organi a separate political org	zation's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
For	Paperwork Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

336,050.

62,154.

61,791

 Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

363.

## Schedule C (Form 990 or 990-EZ) 2010 INSTITUTE FOR ENERGY RESEARCH 76-014977 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)).

	(	a)	(b)	
	Yes	No	Amo	ount
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				
a 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?				
e 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 Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	tion 501(c)	)(5), or se	ection	
501(c)(6).		_	V	
4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u></u>	Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<del> </del>
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  [art III-B] Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ion 501/o	3 (5) or so	otion	<u> </u>
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P				
"Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information		u - t		
omplete 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 11 Also	, complete	this pa
r any additional information				
	<del> </del>			
	<del></del> -			
	Schedu	le C (Form	990 or 990	)-EZ) 2(

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

INSTITUTE FOR ENERGY RESEARCH 76-0149778 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Metho Cost or end-o	od of valuat f-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				<u> </u>
(A)				
(B)	<u> </u>	-		
(C)				
(D)			-	
(E)				
(F) (G)		<del>-  </del>	<u> </u>	
(H)				
(1)				· <u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII Investments - Program Related.	See Form 990, Part X, Iır	ne 13.		
(a) Description of investment type	(b) Book value		od of valuat f-year mark	
(1)				
(2)				
(3)				
(4)			-	
(5)	<del>-</del>			
(6)				
(7)				
(8) (9)				
(10)				
Total_(Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶	<b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, II				
	(a) Description			(b) Book value
(1) DUE FROM AMERICAN ENERGY	ALLIANCE			79,849.
(2) DEPOSITS				15,524.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<del>_</del>
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B)	(mo 15 )		<b></b>	95,373.
Part X Other Liabilities. See Form 990, Part		<del></del>		75,515.
1. (a) Description of liability	7, 1110 20.	(b) Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del> </del>
(1) Federal income taxes				
(2) CAPITAL LEASE OBLIGATION	1	10,755.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		10 755		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot 1. FIN 48 (ASC 740)	line 25.)	10,/55.	Yawana ana	·····

Sche	dule D (Form 990) 2010INSTITUTE FOR ENERGY RESEAR					Page 4
Pa	1 XI   Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	ancial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		<del></del>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5	· — — — — — — — — — — — — — — — — — — —		
6	Investment expenses		6	<u>.</u>		
7	Prior period adjustments		7	- <del></del>		
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Re	venue per l	Returr	1	_
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a		i		
b	Donated services and use of facilities	2b	<del></del>	7		
С	Recoveries of prior year grants	2c		7 ]		
d	Other (Describe in Part XIV)	2d	, 1, 1 1,	1 1		
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		1 1		
	Add lines 4a and 4b	40	·	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Ex	penses pe		rn	
1	Total expenses and losses per audited financial statements		penece pe	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<del>-</del>	·	
-	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		-		
c	Other losses	2c		-		
d	Other (Describe in Part XIV )	2d		-		
	Add lines 2a through 2d	20		ا ہے ا		
е 3	Subtract line 2e from line 1			2e		
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3		
4	· · · · · · · · · · · · · · · · · · ·	_				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV.)	4b		┥. ┃		
	Add lines 4a and 4b			4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<del></del>	5	<del> </del>	
	t XIV Supplemental Information					
(, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e. 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet ${ m RT}$ X, LINE 2: INCOME TAXES					; Part
					70.85	
JNE	DER SECTION 501(C)(3) OF THE INTERNAL REVEN	UE CODE	, IER IS	S EXI	EMPT FRO	M
ГНЕ	PAYMENT OF TAXES ON INCOME OTHER THAN NET	UNRELA	red Bus:	INES	S INCOME	•
OF	R THE YEARS ENDED DECEMBER 31, 2010 AND 200	9, IER 1	HAD NO I	NET U	UNRELATE	<u>D</u>
3US	SINESS INCOME AND ACCORDINGLY, NO PROVISION	FOR IN	COME TAX	KES I	WAS	
REÇ	QUIRED.				,	
					, <u></u>	
				Sched	ule D (Form 99	0) 2010

THE	ALLIA	NCE	IS	EXEMPT	FROM	INCOME	TAX	ON	INCOM	E OTHER	THAN	NET	UNREL.	ATED_
BUS	INESS	INCO	OME	UNDER	SECTIO	ON 501(	C)(4)	) OF	THE	INTERNAI	REVI	ENUE	CODE.	FOR
THE	YEARS	ENI	DED	DECEMB	ER 31	, 2010	AND 2	2009	, THE	ALLIANO	E HAI	O NO	NET	
UNR	ELATE	BUS	SINE	ESS INC	OME AI	ND ACCO	RDING	GLY,	NO P	ROVISION	FOR	INCO	ME TA	XES
WAS	REQU1	RED.	•											

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, THE INSTITUTE EVALUATED
THE PROVISIONS OF FASB ASC 740-10 RELATING TO ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS
QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
AS OF DECEMBER 31, 2010, THE STATUTE OF LIMITATIONS FOR THE TAX YEARS
ENDED DECEMBER 31, 2007, 2008 AND 2009 REMAIN OPEN WITH THE U.S. FEDERAL
TAXING AUTHORITIES. NEITHER IER OR THE ALLIANCE ARE CURRENTLY REQUIRED TO
FILE AN INCOME TAX RETURN IN ANY STATE TAX JURISDICTION.

Schedule D (Form 990) 2010

#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

Open To Public Inspection

vame of the organization INSTITU	TE FOR ENERGY RESI	EARC	Н		76-014	dentification number
	Complete if the organization answ			o Form 990, Part IV,		
Indicate whether the organization rais	e Solicita f Solicita g Specia  or oral agreement with any individua art VII) or entity in connection with providuals or entities (fundraisers) purs	ation of ation of I fundra Il (include profess	non-g gover alsing ding o ional f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or X Y	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	to (or retained by)
		Yes	No			
					-	
					-	
		_				
		<del> </del>		,,,,,		
Total  3 List all states in which the organizatio or licensing  NH, NM, AL, AK, AZ, AR, CA,						
OH, OK, OR, PA, RI, SC, TN,						
	- 10					
HA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.		Schedule G (F	orm 990 or 990-EZ) 2010

	ι	of fundraising event contributions and gr	<del>, </del>			ots greater than \$5,000.
			(a) Event #1 FUNDRAISING	(b) Event #2	(c) Other events	(d) Total events
			LUNCHEON		NONE	(add col (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	95,502.			95,502.
	2	Less <sup>-</sup> Charitable contributions	78,302.		<del>-</del>	78,302.
	3	Gross income (line 1 minus line 2)	17,200.			17,200.
	4	Cash prizes				
ses	5	Noncash prizes			,	
Orrect Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	13,109.			13,109.
	8	Entertainment Other direct expenses	42,500.		<del></del>	42,500.
	9 10	Direct expenses  Direct expense summary. Add lines 4 through	h 9 in column (d)			( 55,609,
	11	Net income summary. Combine line 3, colum	• •		•	-38,409.
Pa	irt l	Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990·EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
æ	1	Gross revenue				
_	•	Gloss revenue	-			
ses	2	Cash prizes	-			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %		Yes %	
	6	volunteer labor	No No	No I	No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7		<b>&gt;</b>	
		•				
9		ter the state(s) in which the organization opera	_			
		he organization licensed to operate gaming ac		states?		Yes No
b	lt "	No," explain:				
	_			-		
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	rear?	Yes No
b	If "	Yes," explain:	<del></del>			
	_					
	_		<u> </u>			
0320	82 01	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 INSTITUTE FOR ENERGY RESEARCH /	<u>6-0149//</u>	8 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	i L No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	i 🔲 No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13Ь	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u> </u>	
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	of "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	t	
	of gaming revenue retained by the third party ▶\$	•	
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Carring manager compensation =		
	Description of services provided ▶		
		<del>~</del>	<del>-</del>
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
	organization's own exempt activities during the tax year > \$	.iie	
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (III) and (v), a	nd Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see instr	ructions)
			<del></del>
		<del></del> .	
03208	Schedule G	(Form 990 or 9	90-EZ) 2010
	30	•	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

**ջ Employer identification number** 76-0149778 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INSTITUTE FOR ENERGY RESEARCH General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.    Part     Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21. for any	rocedures for moni	toring the use of grant d Organizations in the	funds in the United • United States. C	d States complete if the organia	anization answered "	res" to Form 990. Part	IV. line 21. for any	
recipient that received more than	\$5,000 Check thi	s box if no one recipier	nt received more th	ian \$5,000 Part II	can be duplicated if	additional space is nee	▲ pep	
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (f) Method of valuation (book, non-cash assistance assistance other)	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
AMERICAN ENERGY FREEDOM CENTER PO BOX 163							THE AMERICAN ENERGY FREEDOM CENTER (AEFC) WAS A STARTED BY THE	S
MOUNT VERNON, VA 22021	27-1519928	501(C)(3)	72,000.	12,639.	12,639.FAIR VALUE	WEBSITE	INSTITUTE FOR ENERGY	
	9							
						i		
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations						
3 Enter total number of other organizations	SI						0	o.

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GRANTEES AND PERSONAL OVERSIGHT IN 2010, THE DECISION WAS MADE 2: THE ORGANIZATION MONITORS THE USE OF GRANTS (AEFC) WAS A STARTED BY THE INSTITUTE FOR ENERGY RESEARCH (IER) IN 2009 (H) PURPOSE OF GRANT OR ASSISTANCE: THE AMERICAN ENERGY FREEDOM CENTER NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN ENERGY FREEDOM CENTER (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of FUNDS THROUGH PERIODIC GRANT REPORTING BY IN CONJUNCTION WITH THE FOUNDERS OF AEFC. recipients LINE 1, COLUMN (H): (a) Type of grant or assistance LINE PART BY MANAGEMENT SCHEDULE PART II, 032102 01-13-11 Part IV

Page 2

76-0149778

INSTITUTE FOR ENERGY RESEARCH

Schedule I (Form 990) (2010)

Par III

#### **SCHEDULE J** (Form 990)

Department of the Treasury

## **Compensation Information**

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

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

OMB No 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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			ĺ
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ĺ
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		
	and the old blocking broading the terms of botton in the fa			·
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			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
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			1
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			ĺ
	Only section 501(c)(3) and 501(c)(4) organizations 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		Х
Ь	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	7		
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		_ X
b	Any related organization?	6b		X
	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			ĺ
	not described in lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	_	_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

INSTITUTE FOR ENERGY RESEARCH Schedule J (Form 990) 2010

Part it 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	_	(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	(a)	Œ	(4)
(A) Name	1	(i) Base compensation	(ii) Bonus & Incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or
			compensation	compensation	L			Form 990-EZ
	Θ	137,715.		0	0	10,447.	154,455.	0
1 THOMAS PYLE	(ii)	81,135.	3,	0	0	6,824.	91,666.	0
	Θ	105,599.	3,665.		0	8,027.	117,291.	0
2 LISA WALLACE	<b>(E)</b>	38,451.	1,		0	3,241.	43,027.	0
	ε	150,000.		0	0	11,689.		0
3 DANIEL KISH	(ii)	0.	0		0	0	0	0
	(i)							
4	(ii)							
	Θ							
5	(ii)							
	(i)							
9	⊞							
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	ε							
11	▣							
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12	⊜							
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	ε							
16	<b>E</b>							

Schedule J (Form 990) 2010

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

OUTSIDE CPA FIRM AND REVIEWED AND APPROVED BY MANAGEMENT FOR ACCURACY. THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF IER PRIOR TO FILING.

THE FORM 990 WAS REVIEWED AND SIGNED BY THE PRESIDENT FOR FILING BY THE DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C: AS A GENERAL RULE, THE ORGANIZATION DOES NOT ENTER INTO BUSINESS TRANSACTIONS WITH MEMBERS OF THE BOARD OF DIRECTORS AND REVIEWS ALL TRANSACTIONS FOR POTENTIAL CONFLICTS OF INTEREST. IF MANAGEMENT OR THE BOARD OF DIRECTORS BELIEVES A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY PROVIDES FOR SPECIFIC PROCEDURES TO ADDRESS THE CONFLICT. INDIVIDUALS COVERED UNDER THIS POLICY INCLUDE OFFICERS, DIRECTORS AND A MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS. CONFLICTS WHICH MUST BE REPORTED INCLUDE TRANSACTIONS WITH THESE INDIVIDUALS, MEMBERS OF THEIR FAMILY, ENTITIES IN WHICH THEY HAVE AN INVESTMENT IN OR RECEIVE COMPENSATION FROM, AND ANY RELATIONSHIPS IN WHICH THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, BELIEVES MAY OR DOES CREATE A CONFLICT OF INTEREST. THE POLICY SETS FORTH A REQUIREMENT TO DISCLOSE THESE CONFLICTS. THE GOVERNING BOARD MAKES ALL DECISIONS REGARDING THE DETERMINATION THAT A CONFLICT IN FACT EXISTS AND IN THE DETERMINATION OF THE APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT. THE PARTY WITH THE POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL VOTE OR ACTION OF THE BOARD OF DIRECTORS.

EMPLOYEES ARE ALSO SUBJECT TO A CONFLICT OF INTEREST POLICY CONTAINED IN

THE EMPLOYEE MANUAL. SIMILAR TO THE PROCESS DESCRIBED ABOVE, THE GOVERNING

BOARD AND/OR PRESIDENT MAKE ALL DECISIONS REGARDING THE DETERMINATION THAT

A CONFLICT IN FACT EXISTS AND THE BOARD OF DIRECTORS DETERMINES THE

OCCUPATION OF THE SCHEDULE OF THE SCHED

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT. THE PARTY WITH THE

POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE PRESIDENT AND/OR

BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL

VOTE OR ACTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS USED BY IER TO

DETERMINE THE COMPENSATION OF THE CEO IS BASED UPON COMPARABLE SALARIES FOR

EXECUTIVES WITH SIMILAR EXPERIENCE AND RESPONSIBILITIES IN THE NONPROFIT

SECTOR AND IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS. THE EXECUTIVE COMMITTEE REPORTS TO THE BOARD, AT THE NEXT BOARD

MEETING, ALL OF ITS ACTIONS SINCE THE LAST BOARD MEETING. DELIBERATION AND

APPROVAL OF THE SALARY IS MADE DURING AN EXECUTIVE SESSION AND INSTRUCTIONS

AS TO THE SALARY LEVEL OF THE PRESIDENT ARE MADE IN WRITING BY A MEMBER OF

THE EXECUTIVE COMMITTEE TO MANAGEMENT.

SALARIES FOR TOP MANAGEMENT ARE ALSO BASED ON COMPARABLE SALARIES OF SENIOR

LEVEL MANAGERS IN THE NONPROFIT SECTOR USING FORM 990'S FROM COMPARABLE

ORGANIZATIONS AS WELL AS PUBLISHED SALARY REPORTS. THE RECOMMENDED

SALARIES ARE PROPOSED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

FOR THIER APPROVAL.

COPIES OF THE SALARY INFORMATION USED IN DETERMINING THE SALARY LEVELS

ABOVE AND DOCUMENTS NOTING THE APPROVED SALARIES ARE MAINTAINED AT THE

CORPORATE HEADQUARTERS OF IER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, FL, GA, HI, IL, KY, ME, MD, MA, MN, MS, MO, NJ, NY, NC, ND, OH, OK, OR, PA

RI, SC, TN, UT, VA, WA, WV, WI, NH, NM, MI, KS, CT

10311110 133855 IER

Schedule O (Form 990 or 990-EZ) (2010)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

INSTITUTE FOR ENERGY RESEARCH

76-0149778

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

€	Direct controlling entity	`							tax-exempt
(e)	End-of-year assets								t had one or more related
<del>(</del> 0	Total income								: IV, line 34 because I
(2)	Legal domicile (state or foreign country)								swered "Yes" to Form 990, Part
(q)	Primary activity								ons (Complete if the organization an
(a)	Name, address, and EIN of disregarded entity								Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)
									Part

organizations during the tax year.)							
(e)	(a)	(5)	<b>(</b> 9	(e)	(j)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(	b)(13)
of related organization		foreign country)	section	<u></u>	entity	entity?	,
				501(c)(3))		Yes	8 S
AMERICAN ENERGY ALLIANCE - 26-2731617							
1100 H STREET, NW SUITE 400							
WASHINGTON, DC 20005	EDUCATIONAL ADVOCACY	DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)	NA	NA	×	
	<b>-</b>						
							1
	T						

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 INSTITUTE FOR ENERGY RESEARCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant in (related, unrel		(f) Share of total income		(h) Disproportion-	(i) Code V-UBI amount in box	(j) General or managing	(k) General or Percentage
5		(state or foreign country)		excluded from tax under sections 512-514)	x under 514)	}	assets	ate allocations?	20 of Schedule K-1 (Form 1065)	Yes No	
n of Related Orgs treated as a cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	s a Corpo g the tax )	ration or Trust (Co /ear.)	mplete if the or	ganizatior	n answered "Yes"	to Form 990, Par	t IV, line 34	because it had or	ле ог тог	e related
(a) Name, address, and EIN of related organization	<u>Z</u> c		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	f total Share of end-of-year assets		(h) Percentage ownership
										-	
				41	-				Schedule R (Form 990) 2010	R (Form	990) 201

Page 3

# Schedule R (Form 990) 2010 INSTITUTE FOR ENERGY RESEARCH

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	ın Parts II·IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
<b>b</b> Giff, grant, or capital contribution to other organization(s)				1b X
c Giff, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				X bt
e Loans or loan guarantees by other organization(s)				1e X
f Sale of assets to other organization(s)				14 X
g Purchase of assets from other organization(s)				Y X
h Exchange of assets				th X
i Lease of facilities, equipment, or other assets to other organization(s)				1i X
i Lease of facilities, equipment, or other assets from other organization(s)				1.
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			
Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			
m Sharing of facilities, equipment, mailing lists, or other assets				X X
n Sharing of paid employees				X ×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				10 X
p Reimbursement paid by other organization for expenses				T <sub>p</sub> X
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>				10 X X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) AMERICAN ENERGY ALLIANCE	Z	193,869.		
(2) AMERICAN ENERGY ALLIANCE	0	29,557.		
(3) SPACE PROVIDED INKIND BY DONOR)	M	30,209		
(4)				
(5)				

Schedule R (Form 990) 2010

(6) 032163 12-21-10

Page 4

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

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

(a) (b)	(a)	(c)	9	(e)	ε	(6)	ε
NE page souther amen	Draman, activity	وانتسب ادمو ا	Are all narthers	Share of ond of.		101 1/V (PO)	
of entity	רוווומוץ מכנועונץ	(state or foreign	section 501(c)(3) organizations?	year assets	tionate tionate	amount in box 20	managing
		country)	Yes No			(Form 1065)	Ľ.
					_		
	1980 - 10-11-10-1						_
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							_
					-		
						Schedule R (Form 990) 2010	n 990) 2010

 Supplemental Info	mation	4. F				
 Complete this part to pr	ovide additional inform	nation for responses	to questions on S	chedule R (see in	structions).	
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Form 8868 (Rev. 1-2011)					Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month E.	xtension, d	complete only Part II and check this bo	х	<b>&gt;</b>	X			
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form 8	8868.				
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>	ete only Pa	art I (on page 1).						
Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the original (no co	opies r	reeded).				
Type or Name of exempt organization		•	Emp	loyer identification	number			
print INSTITUTE FOR ENERGY RESEAR	СН		7	6-0149778				
Number, street, and room or suite no. If a P.O. box,	see instruc	tions.						
filing your 1100 H STREET, NW, NO. 400								
return See Instructions WASHINGTON, DC 20005	foreign add	dress, see instructions.						
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return).	•		0 1			
Application	Return	Application			Return			
ls For	Code	Is For		· · · · · · · · · · · · · · · · · · ·	Code			
Form 990	01	4	<u></u>	······				
Form 990-BL	02	Form 1041-A		<u>.</u>	08			
Form 990-EZ	03	Form 4720			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already grante THE ORGANIZATI		natic 3-month extension on a previou	sly file	ed Form 8868.				
• The books are in the care of ▶ 1100 H STREET,		NO 400 - WASHINGTON	ם ז	C 20005				
Telephone No. ▶ 202-621-2950	1111	FAX No. ►	<u>, D</u>	C 20005				
•	cc in the Lie							
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this</li> </ul>								
		ach a list with the names and EINs of all						
		BER 15, 2011	memo	ers the extension is	101			
5 For calendar year 2010, or other tax year beginning	2.0 ( 2	, and ending						
6 If the tax year entered in line 5 is for less than 12 months,	check reas		Final r	return	<del></del>			
Change in accounting period			1 11121 1	Cloni				
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO	COMPL	ETE THE AUDIT OF THE	FI	NANCIAL				
STATEMENTS AND TO GATHER INFO	RMATI	ON NECESSARY TO PREP	ARE	A COMPLET	E			
AND ACCURATE RETURN.			_					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069, e	enter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated						
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid	8.3					
previously with Form 8868			8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wi	th this form, if required, by using			_			
EFTPS (Electronic Federal Tax Payment System). See inst			8c	\$	0.			
<del>-</del>		nd Verification						
Under penalties of perjury. I declare that I have examined this form, incluit is true, covert, and complete, and that I am authorized to prepare this	ding accomp	panying schedules and statements, and to th	e best o	of my knowledge and b	elief,			
Signature PA Title >			Date	▶ 8-14-11				
Signature 5			0010	Form 8868 (Re	v 1·2011)			
				r cim oood (me	14 1-2011)			
023842 01-24-11								

## 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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2009 Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning	and ending		
В	Check if applicable	Please use IRS C Name of organization		D Employer identific	ation number
Г	Addre	ss label or TNCCCTCUTCCC FOR FOR FAREDCY DECEMBELL			
Ē	Name chang	type		76-01	.49778
Ļ	return	16		•	.01 0050
닏	Termii ated Ameni	Instruction of STREET, NW	400	202-6	21-2950
Ļ	return Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,339,631.
L	tion pendii	WASHINGTON, DC 20005		H(a) is this a group ref	
	•	F Name and address of principal officer: THOMAS PYLE		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates incli	
		empt status: X 501(c) (3 ) ◀ (Insert no.) 4947(a)(1) or te: ► WWW . INSTITUTEFORENERGYRESEARCH . OI	527		st. (see instructions)
		forganization X Corporation Trust Association Other		H(c) Group exemption rear of formation 1989 M	
	art I	Summary	1 L Y	ear of formation 1909 M	State of legal domicile 1 A
-	4	Briefly describe the organization's mission or most significant activities:	THE INST	TTUTE FOR ENER	PGV
Activities & Governance	'	RESEARCH (IER) IS A NOT-FOR-PROFIT (			
Ē	2	Check this box ▶ ☐ if the organization discontinued its operations		······	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
QĞ	4	Number of independent voting members of the governing body (Part VI	. line 1b)	4	6
> 0 > 0	5	Total number of employees (Part V, line 2a)	,	5	11
≦₹	6	Total number of volunteers (estimate if necessary)		6	0
F in the	7a	Total gross unrelated business revenue from Part VIII, column (C), line 1	12	7a	0.
j∢	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
7	T	<del></del>		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,714,964.	2,307,704.
Revenue	9	Program service revenue (Part VIII, line 2g)		22,904.	7,745.
> §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,551.	2,876.
_ د		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-52,129.
5 5—	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A),	line 12)	2,749,419.	2,266,196.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)			5,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), li	nes 5-10)	760,219.	947,422.
Expenses	16a	Professional fundraising fees (Part IX, column (A) Tipe (1) F. 11/F.D.			
OX.	р	Total fundraising expenses (Part IX, column (D), line-25)	376,241.	1 000 005	1 405 156
	17/	Other expenses (Part IX, column (A), lines (1) 116-116-116-116-116-116-116-116-116-116		1,839,085.	1,435,176.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25		2,599,304.	2,387,598.
	19	Revenue less expenses. Subtract line 18 from line 12	<u>¥</u>	150,115.	-121,402.
Net Assets or	200	I UGDEN HT	-1	Beginning of Current Year 1,097,868.	End of Year
Asse Page	20				781,840.
et/	21	Total liabilities (Part X, line 26)		116,993. 980,875.	82,142. 699,698.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		900,073.	099,090.
<b></b>	COI V FE	Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and stateme	nts, and to the best of my knowledge	e and belief, it is true, correct.
		and complete Declaration of preparer (other than officer) is based on all information of which p	preparer has any knowle	edge .	
Sig	an n	Land like		111210	
He		Signature of officer		Date	
	-	THOMAS PYLE, PRESIDENT			
		Type or print name and title			
Pa	id	Preparer's	Date	Check If Preparer (see inst	's identifying number ructions)
_	iu eparer's	signature	11-12-10	employed > X	
	e Only	Firm's name (or COCCHIARO & ASSOCIATES yours if	_	EIN ▶	
-	y	self-employed), 211 NORTH UNION STREET, SU	ITE 100		
. —		ZIP+4 ALEXANDRIA, VA 22314		Phone no ► 70	3-519-1226
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions			X Yes No
932	001 02-0	D4-10 LHA For Privacy Act and Paperwork Reduction Act Notice,	see the separate	instructions.	Form <b>990</b> (2009)

NT CONTINUATION

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X

932002 02-04-10

4e

Form **990** (2009)

Other program services. (Describe in Schedule O.)

Total program service expenses > \$

including grants of \$

1,743,388.

) (Revenue \$

	1990 (2009) INSTITUTE FOR ENERGY RESEARCH 76-0149	<u>778</u>	P	age 3
Pa	rt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
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	<u> </u>		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	۲		
	If "Yes," complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	· · ·		
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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			
•	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.			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	<del></del>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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? If "Yes," complete Schedule F, Part I	14b		Х
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 United States? If "Yes," complete Schedule F, Part II	15		Х
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 United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			

Form **990** (2009)

18

19

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

X

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04	Diddha areasinatus and the decided of the decided o	ļ	Yes	No
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	04		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		•	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
26	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			-
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	~		-
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ļ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		v	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	-
33	If "Yes," complete Schedule R, Part V, line 2	25	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35_		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ 30	<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<del></del> -		<u></u>
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			gan /	

1e Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable Clot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambiling) winnings to prize winners?  2e Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, iffied for the calendar year ending with or within the year covered by this return.  8 If I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  8 If I ves, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  9 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  9 At the enganization a party to a prohibited tax shaller transaction?  9 Was the organization a party to a prohibited tax shaller transaction?  9 Did the organization a party to a prohibited tax shaller transaction?  9 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?  10 Organizations that were not tax deductible?  11 Organizations that may receive deductible contributions under section 170(c).  12 Organizations that were not tax deductible?  13 Organizations that may receive deductible contributions under section 170(c).  14 Organizations that may receive deductible contributions under section 170(c).  15 Organizations that may receive deductible contributions und	· · · ·				Yes	No
U.S. Information Returns. Enter 0- find applicable  Enter the number of Forms WaS (ancluded in the 1s. Enter 0- find applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return  11 If I all seal on a reported on line 2, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return, (see instructions)  3 Did the organization have unreated business gross income of \$1,000 or more dump the year covered by this return?  3 A TYPE of the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return, (see instructions)  3 Did the organization have unreated business gross income of \$1,000 or more dump the year covered by this return?  4 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 Did any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts.  6 Was the organization and file grequirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  6 Was the organization and file grequirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  6 If Yes, 1 did the organization that was a must greater than \$1,00,000, and did the organization solitic any contributions that were not tax deductible?  6 Did the organization include with every solitation an express statement that such contributions or grits were not tax deductible?  6 Did the organization have annual gross receipts that are normally greater than \$1,00,000, and	1a	Enter the number reported in Box 3 of Form 1096, Applial Summary and Transmittal of	1 1		163	140
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If Yes, enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, it oine Sa or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line Sa or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line Sa or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, to line Sa or 5b, do 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?  6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, indicate the number of Forms 8282 filed during the year and the organization of the year and the organization of the payor and the organization of the payor and the organization of the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d X		- · · · · · · · · · · · · · · · · · · ·				
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5 a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  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?  Organizations that may receive deductible contributions under section 170(e).  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  Por Lith Graphication small and property, did the organization file Form 8899 as required?  For contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  Sponsoring organizations maintaining donor advised funds and section 569(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 569(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 569(a)(3) supporting organizations and servicinal file a Form 1098-C as required?  Sponsoring organizations ma			authority over, a			
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benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file a Form 1998-C as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1998-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a 12a		- · · · · · · · · · · · · · · · · · · ·				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f X  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12  2 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 4947(a)(1) non-exempt interest received or accrued during the year  12b	е		personal	70		Y
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·				
			1 1	12a	ļ	ļ
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	060	<u> </u>

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

	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	6			
b	Enter the number of voting members that are independent	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other		- 1	
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direction	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	L	3		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Form 99	00 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more member	s of the			
	governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	,	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g the year			
	by the following:			1	
а	The governing body?	1	8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ue Code )		<u>.</u>	
	The state of the s			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Г	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.				
_	and branches to ensure their operations are consistent with those of the organization?		10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		11	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- Ie 10/1111		^	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	1.	40-	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<b>⊢</b>	12a	^	
	to conflicts?		406	х	
_		<u> </u>	12b	^	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this is done			x	
		<u> </u>	12c	X	-
14	Does the organization have a written whistleblower policy?	<b>⊢</b>	13	X	
	Does the organization have a written document retention and destruction policy?	<del>]</del>	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by i	ndependent	l		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	.,	
	The organization's CEO, Executive Director, or top management official	<u> </u>	15a	X	
b	Other officers or key employees of the organization	1	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1	
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ļ	1	
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	Ī		-	
	exempt status with respect to such arrangements?		16b	l	
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, C			<u>, KY</u>	<u>, M</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s only) available fo	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflic	t of interest policy, and	finai	ncıal	
	statements available to the public.				
	Obets the same absenced address and talled as a supplying the same at the same				
20	State the name, physical address, and telephone number of the person who possesses the books and rec	cords of the organization	on: 🖊		
20	THE ORGANIZATION - 202-621-2950	cords of the organizatio	on: ►		

932006

SEE SCHEDULE O FOR FULL LIST OF STATES

## 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. 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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average hours	6		Pos		n : app	h.A.	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JIM CLARKSON											
DIRECTOR	1.00	X						0.	0.	0.	
STEVEN HAYWARD											
DIRECTOR	1.00	Х				<u> </u>	<u> </u>	0.	0.	0.	
PRESTON MARSHALL	1								_	_	
DIRECTOR	1.00	X		ļ		<u> </u>		0.	0.	0.	
WAYNE GABLE	1 00	.,							•		
DIRECTOR ROBERT L. TESTWUIDE III	1.00	X			-	<u> </u>		0.	0.	0.	
DIRECTOR	1.00	v						0.	0	0	
RICHARD STROUP	1.00	^			-	+-		0.	0.	0.	
DIRECTOR	1.00	v						0.	0.	0.	
THOMAS PYLE	1.00					+-					
PRESIDENT	40.00			X			ľ	169,421.	49,629.	18,076.	
ROBERT BRADLEY							-			20,0,0	
CHIEF EXECUTIVE OFFICER	40.00			X				119,049.	0.	9,853.	
NANCY BRADLEY											
SECRETARY	25.00			X				28,000.	0.	2,317.	
LISA WALLACE				1							
TREASURER/SVP DEVELOP.	40.00			X		_		124,436.	19,614.	11,901.	
DANIEL KISH											
SVP PUBLIC POLICY	40.00	-		X	_	┢		148,211.	1,789.	12,412.	
		ļ	_	-	_						
	-									-	
		_		_	_	<u> </u>	_	-			
		1	<u> </u>	<u> </u>	L	1		<u> </u>			

	Name and title	Average hours	(cl		Pos all 1		app	oly)	Reportable compensation	Reportable compensation	Estimated amount of
		per week	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
					-						
									_		
1b	Total						<u> </u>		589,117.	71,03	2. 54,559.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wh	ho r			
	compensation from the organization								<del> </del>		Yes No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si		st <b>e</b> e	, ke	y em	plo	yee,	or h	highest compensated ei	nployee on	3 X
4	For any individual listed on line 1a, is the su		le co	omp	ensa	ation	ano	d ot	her compensation from	the organization	3 1 1
-	and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheduler and the organization?				rom	any	unr	elat	ted organization for serv	ices rendered to	5 X
Sect	ion B. Independent Contractors										
1	Complete this table for your five highest co the organization.	mpensated inc	depe	ende	nt c	onti	acto	ors t	that received more than	\$100,000 of comp	ensation from
	(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
	DITTUS COMMUNICATIONS				rre	EE:	Γ,				
NW	9TH FLOOR, WASHINGTON NEW MEDIA, 201 KING S				חבר	21	12		CONSULTING		114,000.
	XANDRIA, VA 22314				L E				MEDIA/WEB CO	NSULTING	101,650.
2	Total number of independent contractors (ii \$100,000 in compensation from the organization from the organizati		ot lu	mite	d to	_	se lis	stec	d above) who received n	nore than	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</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	5,000.	5,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		•		······
3	Grants and other assistance to governments,	· <del>-</del> ·· ·			***************************************
-	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	477,397.	207,971.	132,324.	137,102
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	386,224.	340,497.	19,390.	26,337
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)	15,493.	13,173.	731.	1,589
9	Other employee benefits	16,472.	14,800.	647.	1,589 1,025 9,648
10	Payroll taxes	51,836.	32,668.	9,520.	9,648
11	Fees for services (non-employees):				
а	Management				
b	Legal	41,381.	3,207.	38,174.	·- ·- ·- ·
С	Accounting	56,440.	2,862.	52,841.	737
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other	814,518.	725,180.	41,775.	47,563
12	Advertising and promotion	24,847.	23,484.	-448.	1,811
13	Office expenses	182,781.	63,257.	58,637.	60,887
14	Information technology	39,764.	14,299.	20,826.	4,639
15	Royalties				<del>-</del>
16	Occupancy	81,763.	51,331.	14,666.	15,766
17	Travel	112,306.	88,235.	13,290.	10,781
18	Payments of travel or entertainment expenses				· ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,548.	3,798.	200.	550
20	Interest	3,952.		3,952.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,882.		22,882.	
23	Insurance	25,004.		25,004.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	G&A ALLOCATION	1.	153,508.	-197,537.	44,030.
b					11,000
c					
d					
е					
f	All other expenses	24,989.	118.	11,095.	13,776
25	Total functional expenses. Add lines 1 through 24f	2,387,598.	1,743,388.	267,969.	376,241
26	Joint costs. Check here ▶ ☐ If following	•	, , , , , , , ,		
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

•				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			24,865.	1	49,728
2	Savings and temporary cash investments			753,906.	2	537,737
3	Pledges and grants receivable, net			159,775.	3	
4	Accounts receivable, net			<u> </u>	4	
5	Receivables from current and former officers, di	rectors, trustees, key				······································
	employees, and highest compensated employe	es. Complete Part II				
	of Schedule L				5	
6	Receivables from other disqualified persons (as	defined under section	["			
	4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete				
	Part II of Schedule L		ļ.		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			12,530.	8	9,880 20,413
9	Prepaid expenses and deferred charges			60,348.	9	20,413
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		,523.			
b	Less: accumulated depreciation	10b 39	,759.	45,939.	10c	115,764
11	Investments - publicly traded securities				11	
12	Investments · other securities. See Part IV, line	11			12	
13	Investments · program-related. See Part IV, line	11			13	
14	Intangible assets			14		
15	Other assets See Part IV, line 11			40,505.	15	48,318
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,097,868.	16	781,840
17	Accounts payable and accrued expenses			86,382.	17	52,055
18	Grants payable		<u>_</u>		18	
19	Deferred revenue			11,233.	19	14,545
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete		ļ	week northead	21	
21 22	Payables to current and former officers, director	s, trustees, key emplo	ees,			
	highest compensated employees, and disqualifi	ed persons. Complete	Part II			
	of Schedule L		<u>_</u>		22	
23	Secured mortgages and notes payable to unrela	•	<u> </u>		23	
24	Unsecured notes and loans payable to unrelated	d third parties	_		24	
25	Other liabilities. Complete Part X of Schedule D			19,378.	25	15,542
26	Total liabilities. Add lines 17 through 25			116,993.	26	82,142
	Organizations that follow SFAS 117, check he	ere 🕨 🗓 and cor	plete			
	lines 27 through 29, and lines 33 and 34.			501 000		
27	Unrestricted net assets		_	781,039.	_27	645,058
28	Temporarily restricted net assets		_	199,836.	28	54,640
29	Permanently restricted net assets		ļ		29	
	Organizations that do not follow SFAS 117, cl	heck here 🕨 📖	and			
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		<u> </u>		30	<del></del>
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or ed	•	<u> </u>		31	
32	Retained earnings, endowment, accumulated in	come, or other funds	<u> </u>	000 075	32	600 600
33	Total net assets or fund balances		<u> </u>	980,875.	33	699,698
34	Total liabilities and net assets/fund balances		1	1,097,868.	34	781,840

932012 02-04-10

## SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Inspection

Name of the organization

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

**Employer identification number** 

76-0149778 INSTITUTE FOR ENERGY RESEARCH Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col (i) organized in the US? organization in col (I) listed in your organization in col organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support		-							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not						•			
	include any "unusual grants.")	206,600.	241,725.	982,950.	2704964.	2325204.	6461443.			
2	Tax revenues levied for the organ-				*					
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	206,600.	241,725.	982,950.	2704964.	2325204.	6461443.			
5	The portion of total contributions		· · · · · · · · · · · · · · · · · · ·							
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						3386992.			
6	Public support. Subtract line 5 from line 4		······		•••••		3074451.			
	ction B. Total Support		***************************************			······································	00,11010			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 4	206,600.	241,725.	982,950.	2704964.	2325204.	6461443.			
8	Gross income from interest,	•	•							
	dividends, payments received on	ĺ								
	securities loans, rents, royalties									
	and income from similar sources	1,506.	2,381.	3,977.	11,551.	2,876.	22,291.			
9	Net income from unrelated business				11,001	2,0,00	22,2310			
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain					<u>,                                      </u>				
	or loss from the sale of capital									
	assets (Explain in Part IV.)					3,806.	3,806.			
11	Total support. Add lines 7 through 10					3,000.	6487540.			
12		etc (see instruction	ns)			12	63,976.			
	First five years. If the Form 990 is for		•	d fourth or fifth ta	IX Vear as a section		00/3/01			
-	organization, check this box and stor		mot, cocoma, tim	o, 1001111, 01 111(11 to	in year as a section	1 30 1 (0)(3)	ightharpoons			
Sec	tion C. Computation of Publ	ic Support Per	centage							
14				olumn (fl)		14	47.39 %			
15	Public support percentage from 2008					15	40.65 %			
16a	33 1/3% support test - 2009.If the o			line 13, and line 1	4 is 33 1/3% or m					
	stop here. The organization qualifies				7 10 00 170 70 01 111	oro, orrook trill bo.	► X			
b	33 1/3% support test - 2008.If the o		•		line 15 is 33 1/3%	or more check th				
						or more, encoreur	<b>▶</b> □			
17a	and stop here. The organization qualifies as a publicly supported organization    Ta 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
Ь	10% -facts-and-circumstances tes					7a and line 15 is 1	- □ 10% or			
~										
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization									
<u></u>	Organization	ii did not oneck a l	OH IIII <del>O</del> 13, 106	<u>م, ۱۰۰۰, ۲۱ هم ۱۲ ۱/۵</u>		na see instruction:				

Schedule A (Form 990 or 990-EZ) 2009

	ıblic Support						
Calendar year (0	r fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, contributions, and	, , , , , , , , , , , , , , , , , , ,	(=/ 2000		(0) 2000	(0) 2.000	(4) 1010.
· <del>-</del>	fees received. (Do not						
•	"unusual grants.")						
merchandise formed, or fa any activity	ots from admissions, e sold or services per- acilities furnished in that is related to the 's tax-exempt purpose						
3 Gross receip	ots from activities that					-	
are not an u	nrelated trade or bus-						
ıness under	section 513						
4 Tax revenue	s levied for the organ-						
ization's ben	efit and either paid to						
or expended	on its behalf	-					
5 The value of	services or facilities						_
furnished by	a governmental unit to					!	
the organiza	tion without charge	=					
6 Total. Add li	nes 1 through 5						
7a Amounts inc	luded on lines 1, 2, and						
3 received fr	om disqualified persons						
from other than	ed on lines 2 and 3 received disqualified persons that ter of \$5,000 or 1% of the 3 for the year						
c Add lines 7a	and 7b						
8 Public supp	ort (Subtract line 7c from line 6)						
Section B. To	tal Support	<del></del>					•
C <mark>alendar year</mark> (0	r fiscal year beginning in)▶∟	(a) 2005	(b) 2006_	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts fro	m line 6						
securities lo	ne from interest, ayments received on ans, rents, royalties from similar sources						
<b>b</b> Unrelated bus	iness taxable income	-					
(less section 5	511 taxes) from businesses						
acquired after	June 30, 1975			i			
activities not	from unrelated business tincluded in line 10b, not the business is						
12 Other incom or loss from	e. Do not include gain the sale of capital					-	<del></del>
	ain in Part IV.) (Add lines 9, 10c, 11, and 12)						
	ars. If the Form 990 is for t	he organization's	s first, second, thir	d. fourth, or fifth to	ax vear as a secti	on 501(c)(3) organiz	ation.
	ox and stop here		, 0., 0000,	o, 100, or	ax your as a soon	on our (o)(o) organiz	ation, ▶ [
	omputation of Public	Support Pe	rcentage				
	ort percentage for 2009 (lin			column (fi)		15	
	ort percentage from 2008 S		•	(.,,		16	
	omputation of Invest					1.01	
	ncome percentage for 200	•		ne 13. column (fl)		17	
	ncome percentage from 20	•	,,	, (.,,		18	
	pport tests - 2009. If the o			on line 14, and line	e 15 is more than		_
	3 1/3%, check this box and						<b>▶</b> [
	pport tests - 2008. If the o						and
	more than 33 1/3%, check						<u>~</u>
			box on line 14, 19				<b>'</b> =

Schedule /	A (For	<u>m 9</u> 90	or 990-EZ)	2009	INSTI	TUTE	FOR	ENERGY	RESE.	ARCH _		76-01497	78 Page 4
Part IV	Sι	ıpple	mental I	nform	ation. C	omplete	this par	t to provide ti	ne explana	tions require	d by Part II, line	10; Part II, line 1	
	an	d Part	III, line 12.	Provide	any other	addition	nal inform	nation. See in	structions.	<u>.                                    </u>			
SCHED	ULE	Α,	PART	II,	LINE	10,	EXP	LANATIO	N FOR	OTHER	INCOME:		
OTHER													
OTHER												<i>-</i>	
			<del>-</del> -						<del> </del>				
								_					
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### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • 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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization			Em	ployer identification number
INSTITU	TE FOR ENERGY RE	SEARCH		76-0149778
Part I-A Complete if the org	ganization is exempt und	ler section 501(c	or is a section 527	organization.
1 Provide a description of the organiz	zation's direct and indirect politic	al campaign activities	in Part IV.	
2 Political expenditures			<b>•</b>	\$
3 Volunteer hours				
	·			
Part I-B Complete if the org	ganization is exempt und	ler section 501(c		
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		☐ Yes ☐ No
4a Was a correction made?				└─ Yes
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	ganization is exempt und	ler section 501(c	, except section 50	1(c)(3).
<ol> <li>Enter the amount directly expende</li> </ol>	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
exempt function activities			<b>•</b>	\$
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POI	<b>-</b> 1	
line 17b			<b>•</b>	\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	mployer identification number (El	N) of all section 527 p	olitical organizations to wh	ich payments were made
For each organization listed, enter				
that were promptly and directly del	ivered to a separate political org	anization, such as a se	eparate segregated fund o	r a political action committee
(PAC). If additional space is needed	d, provide information in Part IV			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly delivered to a separate
				political organization.
				If none, enter -0
		l		_ <u>L</u>
For Privacy Act and Paperwork Reduc	tion Act Notice, see the Instru	ctions for Form 990 c	or 990-EZ. Schedule	C (Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

Schedule C (Form 990 or 990-EZ) 2009

Sched	lule C (Form 990 or 990-EZ) 2009	INSTI	TUTE E	FOR ENERGY	RESEARCH	76-0	149778 Page 2
Pari	Complete if the org	_		npt under section	n 501(c)(3) and fil	ed Form 5768	
A Ch				atad avarra		<del></del>	<del> </del>
	. =	-		ated group. d "limited control" pro	vicione anniv		
<u>B</u> OIII	Limi	its on Lobby	ing Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a '	Total lobbying expenditures to infli	uence public	oninion (a	rass roots lobbying)		363.	
	Total lobbying expenditures to infli	•		, ,		0.	
	Total lobbying expenditures (add li	•		, (aaa,aa,		363.	
	Other exempt purpose expenditure		,			2,461,033.	
e	Total exempt purpose expenditure	es (add lines	1c and 1d)			2,461,396.	
f_	Lobbying nontaxable amount. Enter	er the amour	t from the	following table in both	n columns.	273,070.	
	If the amount on line 1e, column (a) o	or (b) is:	The lobb	ying nontaxable am	ount is:		
L	Not over \$500,000						
<u>_</u>	Over \$500,000 but not over \$1,00	0,000	\$100,000	plus 15% of the exc	ess over \$500,000.		
Ļ	Over \$1,000,000 but not over \$1,5	500,000	\$175,000	plus 10% of the exc	ess over \$1,000,000.		
Ľ	Over \$1,500,000 but not over \$17	,000,000	\$225,000	plus 5% of the exce	ss over \$1,500,000.		
L	Over \$17,000,000		\$1,000,0	00.			
	Grassroots nontaxable amount (er	ater 25% of l	ne 1ft	-		68,268.	
_	Subtract line 1g from line 1a. If zer		•			0.	
	Subtract line 1f from line 1c. If zero	•				0.	, , , , , , , , , , , , , , , , , , , ,
	If there is an amount other than ze	•		ne 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this						Yes No
		zations that	made a se		Section 501(h) do not have to comp s 2a through 2f on pa		
		Lobbyi	ing Expend	ditures During 4-Yea	r Averaging Period		
(	Calendar year or fiscal year beginning in)	(a) 20	06	( <b>ь)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying nontaxable amount	49	,176.	83,906.	275,877.	273,070.	682,029.
	Lobbying ceiling amount (150% of line 2a, column(e))						1,023,044.
c	Total lobbying expenditures				62,421.	363.	62,784.
	Grassroots nontaxable amount	12	,294.	20,977.	68,969.	68,268.	170,508.
	Grassroots ceiling amount (150% of line 2d, column (e))						255.762.

Schedule C (Form 990 or 990-EZ) 2009

62,154.

363.

f Grassroots lobbying expenditures

61,791.

## Schedule C (Form 990 or 990-EZ) 2009 INSTITUTE FOR ENERGY RESEARCH 76-014977 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)).

During the year, did the filing organization attempt to influence foreign, national, state or		a)	(b)	
	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a 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?				
e 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?		ļ		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
a 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?	<u> </u>	<u> </u>	<u></u>	
Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	)(5), or se	ection	
	_		Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
		ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members	rt III-A, li			
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	rt III-A, li	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	rt III-A, li	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year	rt III-A, li	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	rt III-A, li	1 2a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total	rt III-A, li	1 2a 2b 2c		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total	irt III-A, li	1 2a 2b		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ical	1 2a 2b 2c		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ical	1 2a 2b 2c		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and part of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and part of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and part of the part	ical	1 2a 2b 2c 3		

Schedule C (Form 990 or 990-EZ) 2009

### Schedule D

(Form 990) '

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

Pa	t   Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
<del></del>	impermissible private benefit?		Yes No
Pa	TII Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pal	THE Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
	Mar		
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
Þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		• \$ <u> </u>
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items.	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$
1.1.4	For Delivery And and Description 1971 A. A. A. A. A. A.	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
LΠА	For Privacy Act and Paperwork Reduction Act Notice, see	e the instructions for Form 990.	Schedule D (Form 990) 2009

932051 02-01-10

Schedule D (Form 990) 2009

15,542. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

 $\triangleright$ 

932053 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 INSTITUTE FOR ENERGY RESEAR					0149778 Page <b>4</b>
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial State	emen	
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,266,196.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,387,598.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-121,402.
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		-159,775.
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		-159,775.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		281,177.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	<u>/ith Rever</u>	nue per F	Returr	
1	Total revenue, gains, and other support per audited financial statements				1	2,339,631.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	=			
b	Donated services and use of facilities	2b			7	
С	Recoveries of prior year grants	2c			7 I	
d	Other (Describe in Part XIV.)	2d	7	3,435	.1	
е	Add lines 2a through 2d		·	•	7 2e	73,435.
3	Subtract line 2e from line 1				3	73,435. 2,266,196.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u>-</u> -	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
b	Other (Describe in Part XIV.)	4b			1	
	Add lines 4a and 4b		1		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,266,196.
,	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Nith Expe	nses pei		
1	Total expenses and losses per audited financial statements		— .р.с		1	2,620,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					2/020/003.
a	Donated services and use of facilities	2a	15	9,775	.	
b	Prior year adjustments	2b		<del></del>	1	
	Other losses	2c			1	
d		2d	7	3,436	┤	
	Add lines 2a through 2d	20	<u>'</u>	3,130	<b>⊣</b> 1	233,211.
3	Subtract line 2e from line 1				2e	2,387,598.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-3	2,301,390.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4-	1		i !	
		4a			-	
	Other (Describe in Part XIV.) Add lines 4a and 4b	4b	<u> </u>		┥。│	0
5					4c	0. 2,387,598.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIV Supplemental Information		·		5	2,301,390.
		h	4 1 4 - D -		41 14	0 5 111 1 5
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,					
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple RT X: UNDER SECTION 501(C)(3) OF THE INTERN					i information.
	THE INTERNATIONAL PROPERTY OF THE INTERNA	1AL	KEVENO	E CODI	· ,	
TEF	R IS EXEMPT FROM THE PAYMENT OF TAXES ON IN	ICOM	т Отнг	אמעית ס	J NIE	ת וואסבד אייבים
	to bear I then the Intiment of TALLO ON IN	COM	E OTHE	K IIIAI	1 11E	I UNKELATED
BUS	SINESS INCOME. FOR THE YEARS ENDED DECEMBE	ER 3	1, 200	9 AND	200	8, IER HAD
NO	NET UNRELATED BUSINESS INCOME AND ACCORDIN	IGLY	, NO P	ROVISI	ON :	FOR INCOME
TAX	KES WAS REQUIRED.					
			<del></del>			
тне	E ALLIANCE IS EXEMPT FROM INCOME TAX ON INC	OME	OTHER	THAN	NET	UNRELATED
				_		
ROS	SINESS INCOME UNDER SECTION 501(C)(4) OF TH	iE I	NTERNA	L REVI		CODE . FOR dule D (Form 990) 2009
932054 02-01-	I 10					

26 2009.04040 INSTITUTE FOR ENERGY RESEAR IER\_\_\_1 Part XIV Supplemental Information (continued)

THE YEARS ENDED DECEMBER 31, 2009 AND 2008, THE ALLIANCE HAD NO NET

UNRELATED BUSINESS INCOME AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES

WAS REQUIRED.

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED INTERPRETATION NUMBER 48 (FIN 48) ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (NOW CONTAINED IN FASB ASC 740-10), WHICH PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. IN DECEMBER 2008, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED FASB STAFF POSITION FIN 48-3 EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES (FSP 48-3). FSP 48-3 PERMITTED AN ENTITY WITHIN ITS SCOPE TO DEFER THE EFFECTIVE DATE OF THE FIN 48 REQUIREMENTS INCORPORATED IN FASB ASC 740-10 UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE INSTITUTE ELECTED TO DEFER THE APPLICATION OF THESE PROVISIONS OF FASB ASC 740-10 FOR THE YEAR ENDED DECEMBER 31, 2008. FOR THE YEAR ENDED DECEMBER 31, 2009, THE INSTITUTE ADOPTED THE PROVISIONS OF FASB ASC 740-10 RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2009, THE STATUTE OF LIMITATIONS FOR THE TAX YEARS ENDED DECEMBER 31, 2006, 2007 AND 2008 REMAIN OPEN WITH THE U.S. FEDERAL TAXING AUTHORITIES. NEITHER IER OR THE ALLIANCE ARE CURRENTLY REQUIRED TO FILE AN INCOME TAX RETURN IN ANY STATE TAX JURISDICTION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2009

Schedule D (	Form 990) 2009	INST.	TUTE FOR	ENERGY RI	ESE	ARCH		/ (	<u> -0149</u>	<u>//8</u>	Page 5
Part XIV	Form 990) 2009 <b>Supplemental Info</b>	rmation (	continued)								
DIRECT	FUNDRAISING	EVENT	EXPENSES	REPORTED	IN	PART	VIII,	LINE	8B		
ROUNDIN	IC.										
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### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Department of the Treasury

Internal Revenue Service

Inspection

lame of the organization							ntification number
INSTITU	TE FOR ENERGY RESE	ARC	<u>H</u>			76-0149	778
Part I Fundraising Activities required to complete this part	. Complete if the organization answert.	red "Y	es" to	Form 990, Part IV, I	ıne 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization raise</li> <li>X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Feb if "Yes," list the ten highest paid and compensated at least \$5,000 by the</li> </ul>	e X Solicitat  f Solicitat g X Special  or oral agreement with any individual  Part VII) or entity in connection with p  lividuals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	X Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
POTOMAC RESEARCH	SPECIAL	Yes	No				
CONSULTANTS	EVENTS/FUNDRAISING		Х	0.		25,250.	-25 <b>,</b> 250.
CLEARWORD	PROSPECTING		Х	0.		2,000.	-2,000.
		į					
						<del></del> .	
	<u> </u>						
Total	<b>&gt;</b>					27,250.	-27,250.
3 List all states in which the organization AL, AK, AZ, AR, CA, CO, CT,							
MT, NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA,	RI,	SC,	SD, TN, TX, U	Τ, Τ	VT, VA, WA	,WV,WI,WY
		_		· · · · · · · · · · · · · · · · · · ·			
						<del></del>	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

INSTITUTE FOR ENERGY RESEARCH 76-0149778 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING NONE (add col. (a) through LUNCHEON col (c)) (event type) (event type) (total number) 67,275 67,275. Gross receipts 49,775 49,775. 2 Less: Charitable contributions 17,500 17,500. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 17,137. 17,137. Food and beverages 50,000 50,000. Entertainment 6,298. 6,298. Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 73,435,  $\triangleright$ -55,935. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 INSTITUTE FOR ENERGY RESEARCH 76-	-014977	78 Pa	age 3
		Yes	No
13 'Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  c If "Yes," enter name and address of the third party:			
on res, enternance and address of the tillid party.			
Name			
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ► \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	ļ	·
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>organization's own exempt</u> activities during the tax year ▶ \$			
THE TANK OF THE COUNTY		1 :	

Schedule G (Form 990 or 990-EZ) 2009

### SCHEDULE J (Form 990)

Department of the Treasury

### **Compensation Information**

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

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

2009

OMR No. 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

**Employer identification number** 

INSTITUTE FOR ENERGY RESEARCH 76-0149778 **Questions Regarding Compensation** Yes No 1a Check the appropriate 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 Payments for business use of personal residence Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: a The organization? Х 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a X **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

Page 2

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	0	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior
			compensation	compensation	compensation			Form 990-EZ
	8	169,421.	0	0	0	14,022.	183,443.	0
THOMAS PYLE	<b>E</b>		0	0	0	4,054.		0
	Θ	124,436		0	0	10,299.	1	0
LISA WALLACE	(ii)			0	0	1,602.		0
	(i)	148,	0	0	0	12,266.		0
DANIEL KISH	(E)	1,789.	0	0	0	146.		0
	Θ							
	⊞							
	€							
	<u>(i)</u>							
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				ſ			Schedule	Schedule J (Form 990) 2009

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

932211 02-03-10

### **SCHEDULE 0**

(Form 990) `

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

Employer identification number 76-0149778

THE CONFLICT OF INTEREST POLICY PROVIDES FOR SPECIFIC INTEREST EXISTS, PROCEDURES TO ADDRESS THE CONFLICT. INDIVIDUALS COVERED UNDER THIS POLICY INCLUDE OFFICERS, DIRECTORS AND A MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS. CONFLICTS WHICH MUST BE REPORTED INCLUDE TRANSACTIONS WITH THESE INDIVIDUALS, MEMBERS OF THEIR FAMILY, ENTITIES IN WHICH THEY HAVE AN INVESTMENT IN OR RECEIVE COMPENSATION FROM, AND ANY RELATIONSHIPS IN WHICH THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, BELIEVES MAY OR DOES CREATE A CONFLICT OF INTEREST. THE POLICY SETS FORTH A REQUIREMENT TO DISCLOSE THESE CONFLICTS. THE GOVERNING BOARD MAKES ALL DECISIONS REGARDING THE DETERMINATION THAT A CONFLICT IN FACT EXISTS AND IN THE DETERMINATION OF THE APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT. THE PARTY WITH THE POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL VOTE OR ACTION OF THE BOARD OF DIRECTORS.

EMPLOYEES ARE ALSO SUBJECT TO A CONFLICT OF INTEREST POLICY CONTAINED IN

THE EMPLOYEE MANUAL. SIMILAR TO THE PROCESS DESCRIBED ABOVE, THE GOVERNING
BOARD AND/OR PRESIDENT MAKE ALL DECISIONS REGARDING THE DETERMINATION THAT
A CONFLICT IN FACT EXISTS AND THE BOARD OF DIRECTORS DETERMINES THE

APPROPRIATE COURSE OF ACTION TO RESOLVE THE CONFLICT. THE PARTY WITH THE

POTENTIAL CONFLICT MAY PRESENT HIS OR HER CASE TO THE PRESIDENT AND/OR

BOARD OF DIRECTORS, BUT MAY NOT BE INVOLVED IN THE DELIBERATION AND FINAL

VOTE OR ACTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS USED BY IER TO

DETERMINE THE COMPENSATION OF THE CEO IS BASED UPON COMPARABLE SALARIES FOR LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

### SCHEDULE O

(Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR ENERGY RESEARCH

**Employer identification number** 76-0149778

EXECUTIVES WITH SIMILAR EXPERIENCE AND RESPONSIBILITIES IN THE NONPROFIT SECTOR AND IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REPORTS TO THE BOARD, AT THE NEXT BOARD MEETING, ALL OF ITS ACTIONS SINCE THE LAST BOARD MEETING. DELIBERATION AND APPROVAL OF THE SALARY IS MADE DURING AN EXECUTIVE SESSION AND INSTRUCTIONS AS TO THE SALARY LEVEL OF THE PRESIDENT ARE MADE IN WRITING BY A MEMBER OF THE EXECUTIVE COMMITTEE TO MANAGEMENT.

SALARIES FOR TOP MANAGEMENT ARE ALSO BASED ON COMPARABLE SALARIES OF SENIOR LEVEL MANAGERS IN THE NONPROFIT SECTOR USING FORM 990'S FROM COMPARABLE ORGANIZATIONS AS WELL AS PUBLISHED SALARY REPORTS. THE RECOMMENDED SALARIES ARE PROPOSED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THIER APPROVAL.

COPIES OF THE SALARY INFORMATION USED IN DETERMINING THE SALARY LEVELS ABOVE AND DOCUMENTS NOTING THE APPROVED SALARIES ARE MAINTAINED AT THE CORPORATE HEADQUARTERS OF IER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, FL, GA, HI, IL, KY, ME, MD, MA, MN, MS, MO, NJ, NY, NC, ND, OH, OK, OR, PA RI, SC, TN, UT, VA, WA, WV, WI, NH, NM

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION, UPON REQUEST, MAKES AVAILABLE TO THE PUBLIC ITS FORM 990 AND ALL OTHER DOCUMENTS REQUIRED BY LAW. FINANCIAL STATEMENTS AND ANY POLICY DOCUMENTS ARE PROVIDED TO INTERESTED PARTIES, SUCH AS FUNDERS, UPON REQUEST. THE BOARD RESERVES THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization INSTITUTE FOR ENERGY RESEARCH	Employer identification number 76-0149778
RIGHT TO EVALUATE THE NECESSITY OF EACH SUCH REQUEST FOR	FINANCIAL
STATEMENTS AND POLICY DOCUMENTS AND TO DETERMINE, IN ITS	SOLE DISCRETION,
WHETHER TO RELEASE THESE DOCUMENTS TO AN OUTSIDE PARTY.	
FORM 990, PART XI, LINE 2C	
NO CHANGE FROM PRIOR YEAR	
SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISING CONS	ULTANTS WERE
INVOLVED IN SOLICITING CONTRIBUTIONS RELATED TO A FUNDRAL	SING EVENT HELD
IN 2009 AND OTHER DAY TO DAY FUNDRAISING ACTIVITIES AS NE	EDED.

Schedule R (Form 990) 2009 2009 Open to Public Inspection **Employer identification number** OMB No 1545-0047 Direct controlling Direct controlling 76-0149778 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) status (if section 501(c)(3)) End-of-year assets Public charity <u>e</u> ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total Income section ਉ 501(C)(4) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) DISTRICT OF COLUMBIA Legal domicile (state or Legal domicile (state or foreign country) foreign country) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ► Attach to Form 990. INSTITUTE FOR ENERGY RESEARCH Primary activity Primary activity EDUCATIONAL ADVOCACY AMERICAN ENERGY ALLIANCE - 26-2731617 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 1100 H STREET, NW SUITE 400 20002 Name of the organization Department of the Treasury Internal Revenue Service WASHINGTON, DC **SCHEDULE R** (Form 990) Part II Part

76-0149778 Page 2

Schedule R (Form 990) 2009 INSTITUTE FOR ENERGY RESEARCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	1	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) (ii) General or yox managing partner? (ib) Yes/No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anizations Taxable as a Corp poration or trust during the tax	ooration or ( year.)	Trust (Complete if t	he organizatio	on answered "Ye	ss" to Form 990,	Part IV, line	34 because	It had one or m	ore related
(a) Name, address, and EIN of related organization	<b>Z</b> _	Prir	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp. S corp. or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
		·								_
		-								
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# Schedule R (Form 990) 2009 INSTITUTE FOR ENERGY RESEARCH

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<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			-	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<b>1</b>		×
<b>b</b> Giff, grant, or capital contribution to other organization(s)		16		X
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan quarantees to or for other organization(s)		10		×
e Loans or loan guarantees by other organization(s)		<b>1</b> e		×
				ŀ
f Sale of assets to other organization(s)		7		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		14	_	×
i Lease of facilities, equipment, or other assets to other organization(s)		ij		×
j Lease of facilities, equipment, or other assets from other organization(s)		1;		×
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		×
1 Performance of services or membership or fundraising solicitations by other organization(s)		11		×
m Sharing of facilities, equipment, mailing lists, or other assets		13	×	
n Sharing of paid employees		1	×	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10	X	
p Reimbursement paid by other organization for expenses		1p		×
<b>q</b> Other transfer of cash or property to other organization(s)		19	`	×
r Other transfer of cash or property from other organization(s)		11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volved	
(1) AMERICAN ENERGY ALLIANCE	Z	171	1,469	6
(2) AMERICAN ENERGY ALLIANCE	0	K	33,969	6
				1,
(3) AMERICAN ENERGY ALLIANCE (PART OF OFFICE SPACE PROVIDED INKIND BY DONOR)	M	23,	3,433	က္ပါ
(4)				
(9)				
(9)				
932163 02-04-10	Sche	Schedule R (Form 990) 2009	990) 20	60

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	siusion for certain investment partners							
(a)	<b>a</b>		<u> </u>			( <u>6</u> )		
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	S	Dispropor- tionate	Code V-UBI	General or managing	50
סופוווע		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	1.	و اے
					2			<u>.</u>
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						Schedule R (Form 990) 2009	n 990) 200	60

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

### EXPLANATION

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION AND TO COMPLETE THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

Form 8	868 (Rev 4-2009)			Page	2
• If ve	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this box		▶ X	_
	Only complete Part II if you have already been granted an automatic 3-month extension on a prev			868.	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	,			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the or	iginal (no co	pies ne	eeded)	_
Туре	Name of Exempt Organization	1	Emplo	oyer identification number	r_
print	INSTITUTE FOR ENERGY RESEARCH	<i>'</i> ,	76	5-0149778	
File by t extende due dat	Number, street, and room or suite no. If a P.O. box, see instructions			S use only	_
filing the return of instruct	City, town or post office, state, and ZIP code. For a foreign address, see instructions	3	· .	<u> </u>	
X 	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4	720	Fo	rm 5227 Form 8879 rm 6069	0
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension or	n a previous	sly file	d Form 8868.	_
Te	THE ORGANIZATION  be books are in the care of ▶ 1100 H STREET, NW, NO. 400 — WASH  be ephone No. ▶ 202-621-2950  be organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  ■ . If it is for part of the group, check this box ▶ □ and attach a list with the names and	If the	s is for	the whole group, check thi	-
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.				
5	2000	nd ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final re			Change in accounting perio	-d
7	State in detail why you need the extension				
	SEE STATEMENT 1				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny			
	nonrefundable credits. See instructions.		8a	\$	_
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esting				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	d			
	previously with Form 8868		8ь	\$	—
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, d	•	_	. NI / B	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in	nstructions.	Bc	\$ N/A	
11. 4	Signature and Verification			4	
it is tr	penaltice of perjury, I declare that I have examined this form, including accompanying schedules and statemer ie, correct, and pagnete and that I am authorized to prepare this form	its, and to the	e pest o	r my knowledge and belief,	
Signa	ure > CFA Title > CFA	_	Date	►7-30-10	
				Form 8868 /Rev. 4-20	001