COMMITTEE ON NATURAL RESOURCES

113th 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 on "America's Onshore Energy Resources: Creating Jobs, Securing America, and

Lowering Prices."

March 14, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Paul N. Cicio
2. Name of Organization(s) You are Representing at the Hearing: Industrial Energy Consumers of America (IECA)
3. Business Address: 1155 15 th Street, NW, Suite 500, Washington, DC 20005
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Paul N. Cicio, Industrial Energy Consumers of America (IECA)

Title/Date: Oversight Hearing on "America's Onshore Energy Resources: Creating Jobs, Securing America, and Lowering Prices." March 14, 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.
 - **BS** in Business Administration and Economics.
- 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.
 - > No.
- 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.
 - > President of the Industrial Energy Consumers of America (IECA)
- 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.
 - > No.
- 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.
 - > No.

Witnesses Representing Organizations

Name/Organization: Paul N. Cicio, Industrial Energy Consumers of America (IECA)

Title/Date: Oversight Hearing on "America's Onshore Energy Resources: Creating Jobs, Securing America, and Lowering Prices." March 14, 2013

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

> President

i. 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 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).

> No.

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)).

Keep-File Copy-Keep

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

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.												
A	For the 2011 calendar year, or tax year beginning , 2011, and ending , 20											
В		if applicable:		D Employe	er identification number							
	Address		22-2466569									
	Name o	change		E Telephor	ie number							
	Initial re	~	1155 FIFTEENTH STREET, NW	500)		202.223.1661					
	Terminated City or town, state or country, and ZIP + 4											
	ceipts \$											
$\overline{\Box}$		ed return ition pending	F Name and address of principal officer: Paul Cicio		H(a) is this a	group return f	or affiliates? Yes V No					
_			·				cluded? Yes No					
ī	Tax-exe	empt status:		527			list. (see instructions)					
J	Website				H(c) Group	exemption	number >					
K	Form of	organization:	Corporation Trust ✓ Association Other ► L Year o	of formation:	2006	M State	of legal domicile: DC					
Р	art l	Summ	ary									
	1		escribe the organization's mission or most significant activities:	To provid	le the avail	ability of	dependable, cost					
			energy supplies so as to maintain U.S. industries' contribution to eco									
ĕ												
E	1											
Š	2	Check th	is box ▶☐ if the organization discontinued its operations or disp	osed of n	nore than	25% of i	ts net assets.					
ŏ	3					3	45					
οĞ Ω	4		of independent voting members of the governing body (Part VI, lir	ne 1b) .		4	45					
Activities & Governance	5		nber of individuals employed in calendar year 2011 (Part V, line 2			5	0					
탾	6		nber of volunteers (estimate if necessary)	-		6	0					
ĕ	7a		elated business revenue from Part VIII, column (C), line 12			7a	0					
	b		ated business taxable income from Form 990-T, line 34			7b	0					
					Prior Yea	ar	Current Year					
	8	Contribut	tions and grants (Part VIII, line 1h)	. —								
Revenue	9		service revenue (Part VIII, line 2g)			579,340.	525,562.					
Ş	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		••	1,297.	728.					
Œ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line		5	80,637.	526,290.					
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		· · · ·							
	14		paid to or for members (Part IX, column (A), line 4)									
ç	15		other compensation, employee benefits (Part IX, column (A), lines 5-			1						
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)									
ē,	b		draising expenses (Part IX, column (D), line 25)									
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		5	66,144.	495,967.					
	18	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5	66,144.	495,967.					
	19	•	less expenses. Subtract line 18 from line 12		14,493.	30,323.						
p &				Begi	nning of Cun		End of Year					
and	20	Total ass	ets (Part X, line 16)		2	13,201.	205,806.					
Net Assets or Fund Balances	21		ilities (Part X, line 26)		1	96,844.	159,126.					
氢氢	22		s or fund balances. Subtract line 21 from line 20	.		16,357.	46,680.					
	rt II		ure Block									
			y, I declare that I have examined this return, including accompanying schedules an	nd statemen	ts, and to the	e best of m	y knowledge and belief, it is					
			ete. Declaration of preparer (other than officer) is based on all information of which p				-					

Sign Here	Signature of officer	other than officer) is based on all information of v		ate	
	Type or print name and title	·			
Paid Preparer	Print/Type preparer's name Rebecca J. Bayless	Reparer's signature	Date 7 yalız	Check ✓ if self-employed	PTIN 57-1231962
Use Only	Firm's name ▶	V 8	Fin	m's ElN ▶	
Ose Orny	Firm's address ▶ PO Box 265, 0	Carmel Valley, CA 93924	Ph	one no. 8	31.659.3437
May the IRS	discuss this return with the p	eparer shown above? (see instruction	ns)		☐ Yes 🗸 No
					- 000

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To promote the availability of dependable cost efficient energy supplies, so as to maintain U.S. industries' contribution.
2	Did the experience and exteller and eleminant experience during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grants and anocations to others, the total expenses, and revenue, it any, for each program service reported.
4-	(Onder) (Consequence of the consequence of the con
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Organized energy workshops on energy efficiency and excessive speculation in commodity markets. Testified before Congress
	on climate policy. Intervened at the EPA Clean Air Act regulations. Continued negotiations on motion filed to intervene at the DOE
	on natural gas exports. And the motion to participate before the Public Utilities Commission of Colorado on natural gas issues.
	Monitored motion filed to intervene at Federal Energy Regulatory Commission on the Demand Response Compensation. Continued
	working with Commodity Features Trading Commission on setting position limits.
Al-	(Onder 1) (Forestee & 1)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Research studies conducted on Sustainable Manufacturing and Growth Initiative and Taking Stock on Climate. Continue to evaluate policies to help jump start the economy and manufacturing jobs by unlocking capital investment and removing barriers to energy
	efficiency. The results showed: increase cumulative employment by 9.4 million job-years in 2010-2030; increase cumulative private
	investment by more than \$1 trillion in 2010-2030; reduce energy-related GHG emissions by 13 percent in 2020; increase cumulative
	net exports by \$392 billion in 2010-2030; and increase real GDP by \$77 billion in 2020. The second study evaluated legislation that
	has passed and its potential impact on GHG emissions. It illustrated that 100 specific measures already undertaken by Congress
	since 2005 are estimated to reduce nearly 1.7 gigatons of GHG emissions by 2020 - nearly achieving the 2.6 gigaton reduction
	commitment announced by President Obama.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	The Supplier Council brings together our suppliers of energy to meet with us to discuss issues that impact them and us on federal,
	state, state legislative and regulatory issues. Their financial contribution is to support education meetings and presentations
	related to the importance of low cost electricity to manufacturing competitiveness such as presentations to the American
	Legislative Exchange Council, and the Hispanic Caucus Leadership Council.
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
	Total program service expenses ► 495,967

Part	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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		✓
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		✓
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,		1	
	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 provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		,
-	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
0	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		•
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1000
	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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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		✓
, 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	ادمما		,
		11d 11e		√
	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	116		V
'	the organization's separate of consolidated financial statements for the tax year monde a footbook that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 • • •		
	Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		✓
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, Parts II and IV	15		✓
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	40		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		✓
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓

Part	IV Checklist of Required Schedules (continued)			
	The state of the s		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		1
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		1
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		1
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		· •
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	36		√
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	37	1	¥

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				. [
		1 - 1	ucosa e noso	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners?	to vendors and	100000		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c	√ 5900000	intern
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	10000	10.00	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b		250050
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			37.65	\$4000
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	(14/1/2006) (14/1/2006)	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule C		3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature				
	over, a financial account in a foreign country (such as a bank account, securities account,				
	account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶			100	100
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0				,
	organization solicit any contributions that were not tax deductible?		6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions of			
7	gifts were not tax deductible?		6b	63.2 (35.2)	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly for goods			10 TO
a	and services provided to the payor?		7a	V9216580	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Ť
	Did the organization sell, exchange, or otherwise dispose of tangible personal property				
	required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			\$ - S
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l	penefit contract?	7e	Carrier Court	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 1		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7 g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained to	by a sponsoring			6.6
_	organization, have excess business holdings at any time during the year?		8	Section and	√ 38/8/20155-
9	Sponsoring organizations maintaining donor advised funds.				
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	600.000	35.60
10	Section 501(c)(7) organizations. Enter:	10a			
	Initiation fees and capital contributions included on Part VIII, line 12	10b	1		
	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	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		12a	massassis.	2020/09/25/
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		[
	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 Schedul	e O.			8
L.	Enter the amount of recover the organization is required to maintain by the states in which		140 KW	66000	

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in:	struct	ions.
Cooti	Check if Schedule O contains a response to any question in this Part VI		• • • • •	. 🗸
Secu	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.			
ь 2	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?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	√	✓ ✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	√	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ado l	✓
Secti	on B. Policies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	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 body before filing the form?	11a	Section-1985	**************************************
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	\	
	with a taxable entity during the year?	16a		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Paul Cicio, 1155 Fifteenth St NW, Washington, DC 20005	of the	,	

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

ection 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer the box is ficitive the organization fic	any rolato	<u>u o.g.</u>	LA1 1.12		C)	ompe	,,,,,,		it omoor, andoto	, 01 11 40100.
(4)	(D)			-	ition			(D)	(5)	(D
(A) Name and Title	(B)	١,				e than d		(D)	(E) Reportable	(F) Estimated
Name and Tibe	Average hours per		box, unless person is both an officer and a director/trustee)				Reportable compensation	compensation from	amount of	
	week	_	_	_	_		<u> </u>	from	related	other
	(describe hours for	호	ıst t	Officer	ey e	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ecta	rtio	4	å	yest c	욕	(W-2/1099-MISC)		organization
	organizations in Schedule) if	าลเ		Key employee	"				and related organizations
	O)	Individual trustee or director	Institutional trustee		ō	景				Organizations
			Bê			Highest compensated employee				
(1) Irene Kowaiczyk, MWV Corp.										
1155 15th St NW, Washington, DC 20005	>5 hours			√				-0-	-0-	-0-
(2) Ray Ratheal, Eastman Chemical Co.										
1155 15th St NW, Washington, DC 20005	>5 hours			✓				-0-	-0-	-0-
(3) Al Musur, Abbott Laboratories										
1155 15th St NW, Washington, DC 20005	>5 hours			✓		:		-0-	-0-	-0-
(4) Paul Cicio, CarbonLeaf, LLC										
1155 15th St NW, Washington, DC 20005	20 + hour			✓				362,500.	-0-	-0-
(5) Compensation Reported as Management										
Contract Fee/Consultant - See Statement 1										
(6) Officers & directors, as a group serve										
without compensation, except as noted										
(7) Gary Chestnut, Ag Processing, Inc.] '	ļ								
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(8) Mario Silva, Air Liquide America L.P.]									
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(9) Ellen O'Connell, Air Products & Chemicals	.		1							
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(10) Sean McKeon, BASF Corporation]	ı								
1155 15th St NW, Washington, DC 20005	as needed	√						-0-	-0-	-0-
(11) Jeff Dyck, Cascade Steel Rolling Mills]	ŀ	ł	-						
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(12) Carlos Garcia, Celanese Corporation]]			- 1		.				
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(13) Rosemary O'Brien, CF Industries]			-						
1155 15th St NW, Washington, DC 20005	as needed	1						-0-	-0-	-0-
(14) Brad Muller, Charlotte Pipe & Foundry Co.]									
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-

r ai	Section A. Officers, Directors, Trus	lees, ney E	inpio	yee			ngne	SLU	ompensaleu <u>-</u>	inployees	CONUIT	ided)
	(C) Position (C)										4500	
	(A) Name and title	(B)	(do not check more than						(D)	(E)	l	(F)
	Average hours per					is botł or/trus		Reportable compensation	Reportable compensation from		Estimated amount of	
		week				1		<u> </u>	from	related		other
		(describe hours for	₫₹	stit	Officer	Key employee	륳	Former	the organization	organizati (W-2/1099-1		compensation from the
		related	edia	utio	4	퓽	S S	₽	(W-2/1099-MISC)	(** 2 1000 !		organization
		organizations	목류	nal		Š	T S					and related
		in Schedule O)	Individual trustee or director	Institutional trustee	ĺ	8	Pen				ĺ	organizations
			"	66			Highest compensated employee					
(15) Da	ana Byrne, Cliffs Natural Resources											
1155	15th St NW, Washington, DC 20005	as needed	1					l	-0-		-0-	-0-
(16) Pa	trick Jackson, Corning, Inc.											
1155	15th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
(17) Je	ff Kaman, Deere & Company											
1155	15th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
(18) Se	eth Roberts, Dow Chemical Co.											
1155	5th St NW, Washington, DC 20005	as needed	✓					<u> </u>	-0-		-0-	-0-
(19) Da	eve Lyons, Dow Corning Corp.							ĺ				
1155	5th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
	narles Ruffing, Eastman Kodak Company											
	5th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
	rry Grzybowski, Evonik Degussa Corp.								_			
	5th St NW, Washington, DC 20005	as needed	✓			_			-0-		-0-	-0-
3	m McMillin, Fairmount Minerals											•
-	5th St NW, Washington, DC 20005	as needed	V			<u> </u>			-0-		-0-	-0-
32	rry Prout, FMC Corporation	ac pooded	,						-0-		-0-	-0-
	5th St NW, Washington, DC 20005	as needed	✓			ļ		-	-0-		-0-	
	rren MacDonald, Gerdau 5th St NW, Washington, DC 20005	as needed	1						-0-		-0-	-0-
-	ian Riley, Goodyear Tire & Rubber Co.	as needed	•						-0-		-0-	
	5th St NW, Washington, DC 20005	as needed	1						-0-		-0-	-0-
1b	Sub-total	us 110000u	•	1		L			362,500.		-0-	-0-
c	Total from continuation sheets to Part	VII. Sectio	n A		:		Ċ	•	-0-	•	-0-	-0-
d								•	362,500.		-0-	-0-
2	Total number of individuals (including but			ose	list	ed a	above	e) w	ho received ma	ore than \$1	00.00	0 of
	reportable compensation from the organi									,	· .	
												Yes No
3	Did the organization list any former of							mp	loyee, or high	est compe	nsate	INVESTIGATION MANUAL CONTRACTOR CONTRACTOR OF THE PERSON O
	employee on line 1a? If "Yes," complete S											3 🗸
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other comp	ensation fr	om th	e
	organization and related organizations	-								eaule J TO	r suc	ASSOCIATION OF THE PROPERTY OF
_	individual										 Hissiadosa	4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization?											5
Section	n B. Independent Contractors	700, 0	Orrigin	J. Q. V	<i></i>	-		<i>0,</i> 0	acii perceri	<u> </u>		3 4
1	Complete this table for your five highest of	compensate	ed inc	lene	ende	ent :	contr	acto	ors that receive	ed more tha	ın \$10	0.000 of
-	compensation from the organization. Rep											
	year.							_				
	(A)								(B)			(C)
	Name and business add	ress							Description of se	ervices		Compensation
-												
												
2	Total number of independent contractor	rs (includin	a bu	t no	nt li	mit	ed to	th	ose listed abo	ve) who		
-	received more than \$100,000 of compens								None	, *******		
				-							· · · · · · · · · · · · · · · · · · ·	and the second

Par	t VIII	Statement of Reve	enue		•			
	1 (1) 1 (2) 1 (2)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1a	Federated campaigns	s 1a	,				
s, Grants Amounts	b	Membership dues .	1b					Section 1
Ğ,Ğ	С	Fundraising events .	1c		7		3.66	
# 1	d	Related organizations	s 1d		7			
S, E	е	Government grants (cor	ntributions) 1e		1			
<u> </u>	f	All other contributions, g		·				
돌		and similar amounts not in				8 6 6 6 6 6		
Contributions, Gift and Other Similar	g	Noncash contributions inclu	ded in lines 1a-1f: \$	•				3 8 8 9 9
Contributions, Gifts, and Other Similar An	h	Total. Add lines 1a-1	•	>	- Interpretation States of the Translation of			
			· · · · · · · · · · · · · · · · · · ·	Business Code				
Ę.	2a	Program Assessment	s		525,562.	Market control of the second o		
Æ	b							
<u>8</u>	С							
5	d							
E	е							
Program Service Revenue	f	All other program ser	vice revenue .					
문	g	Total. Add lines 2a-2		▶	525,562.		1	
	3	Investment income						
		and other similar amo	ounts)		728.			
	4	Income from investmen	t of tax-exempt bo	nd proceeds ►				
	5			🕨				
		•	(i) Real	(ii) Personal		50,080 (210.5)		
	6a	Gross rents			1			
	b	Less: rental expenses			1	artini Primi in in in in		
	С	Rental income or (loss)	·				0.00	
	d	Net rental income or (The Marine Marine St. Sec. 10. 10. 10. 10. 10.	- Constitution of the state of	A MEDITAL PROGRAMMENT OF THE PRO
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			1			
	b	Less: cost or other basis				8.00.0000000000000000000000000000000000		
		and sales expenses .						
	С	Gain or (loss)			1			6.00
	ď	Net gain or (loss)		▶	The second of the second secon	and the state of t		addition and a second contract of the second
		•					100000000000000000000000000000000000000	
enne	8a	Gross income from fu	ındraising					
-		events (not including \$					1.600	
æ		of contributions reporte	ed on line 1c).					
ē		See Part IV, line 18 .	a					
Other Re	b	Less: direct expenses	b					
•	С	Net income or (loss) fr	rom fundraising e	events . ►				
i	9a	Gross income from ga						
		See Part IV, line 19 .	· · · · a					
	b	Less: direct expenses	b				3.445	
	C	Net income or (loss) fr	rom gaming activ	/ities ►				
	10a	Gross sales of in						
		returns and allowance	⊱s a					
		Less: cost of goods se						
	С	Net income or (loss) fr	rom sales of inve	ntory ▶				
ļ		Miscellaneous Re	evenue	Business Code			Service Company of the Company	
	11a				77		1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	and the second s
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-	11d	>				
	12	Total revenue. See in	structions	🕨	526.290.			

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).

Check if Schedule O contains a response to any question in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
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 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management	362,500								
b	Legal									
C	Accounting	1,144.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	53,856.								
12	Advertising and promotion									
13	Office expenses	6,134.		····						
14	Information technology									
15	Royalties	04 704								
16	Occupancy	34,731.								
17 40	Travel	4,128.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	9,394.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	4 007								
23	insurance	1,397.								
24	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.)									
_	Computer/Web Site Expenses	2,123.								
a b	Printing/Photocopying	3,512.								
C	Telephone/Conference Calls	8,794.								
ď	Subscriptions/Memberships	5,044.								
e	All other expenses	3,210.								
25	Total functional expenses. Add lines 1 through 24e	495,967.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	100,007.								

Balance Sheet Part X (A) (B) Beginning of year End of year 1 2 213,201. 205,806. 2 3 3 Pledges and grants receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 8 8 9 9 Prepaid expenses and deferred charges . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 11 11 12 12 Investments—other securities, See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 213,201. 16 205,806. Total assets. Add lines 1 through 15 (must equal line 34) 16 25,844. 17 Accounts payable and accrued expenses 17 51,126. 18 18 108,000. 171.000. 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 196,844. 26 159,126. Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 16,357. 46,680. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 46,680. 32 Retained earnings, endowment, accumulated income, or other funds . 16,357. 32 46,680. 33 16,357. 33 205,806. 213,201.

_	4	
Page	R	4

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,967.
3	Revenue less expenses. Subtract line 2 from line 1	3			,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16	,357.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		46	,680.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				_Ц
			1.000000000000000000000000000000000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.			02.26	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓	
b	Were the organization's financial statements audited by an independent accountant?		2b		_ ✓_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accour-		2c	Contraction 50	
	If the organization changed either its oversight process or selection process during the tax year, exp	ilain in	100000		
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			學術	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

QMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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.

	(), ()	that have NOT filed Form 5768 (elec			-
		s" to Form 990, Part IV, line 5 (Prox	y Tax) or Form 990-E	EZ, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.		Employer ide	ntification number
	STRIAL ENERGY CONSUME	DC OF AMEDICA		Linployer lac	22-2466569
Part		e organization is exempt ur	oder coation 501	(c) or is a section 527	· · · · · · · · · · · · · · · · · · ·
1	_	the organization's direct and ind			organization.
2	•		-	· ·	6 0.
3	Volunteer hours				0
3	Volunteer Hours				
Part	Complete if the	e organization is exempt ur	der section 501	(c)(3).	
1		excise tax incurred by the organ			\$
2		excise tax incurred by organizat			\$
3		ed a section 4955 tax, did it file l			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part		e organization is exempt ur	nder section 501	(c), except section 501	l(c)(3).
1		ly expended by the filing orga			
	activities			\$	0.
2	Enter the amount of the	filing organization's funds cont	ributed to other org	ganizations for section	
		vities			0.
3	Total exempt function e	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
	line 17b			\$	0.
4	Did the filing organization	n file Form 1120-POL for this ye	ar?		Yes 🗸 No
5	Enter the names, address	ses and employer identification i	number (EIN) of all s	section 527 political organ	izations to which the filing
	organization made payme	ents. For each organization listed	d, enter the amount	paid from the filing organ	ization's funds. Also enter
		ontributions received that were p			
	as a separate segregated	fund or a political action comm	ittee (PAC). If addition	onal space is needed, prov	vide 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
					Hone, enter -o
(1) N/	A				
• •					
(2)					
(3)					
	 .				<u></u>
(4)					
(5)					
(6)					

Page	•

Pa	rt II-A Complete if the organizat section 501(h)).	ion is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
Α	Check ► ☐ if the filing organization I					up member's
_	name, address, EIN, exp Check ▶ ☐ if the filing organization					
В		bbying Expendi		ioi provisions a	(a) Filing	(b) Affiliated
	(The term "expenditures")	organization's totals	group totals
1	a Total lobbying expenditures to influen	***************************************	-			
	b Total lobbying expenditures to influen					
	c Total lobbying expenditures (add lines	1a and 1b)				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (a					
	 f Lobbying nontaxable amount. Ente columns. 	r the amount f	from the following	table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter					
	h Subtract line 1g from line 1a. If zero of	-				
	Subtract line 1f from line 1c. If zero or If there is an amount other than ze				file Form 4720	
	reporting section 4911 tax for this yea					☐ Yes ☐ No
		#hm-1	••			
	(Some organizations that r	nade a section	Period Under Sec 501(h) election do ctions for lines 2a	not have to com		,
	Lobbyi	ng Expenditures	During 4-Year Av	eraging Period	Г	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2						
j	b Lobbying ceiling amount (150% of line 2a, column (e))					
ı	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA

Part | Questions Regarding Compensation

Employer identification number 22-2466569

			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)			
		2503		
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		
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	✓	
			(A)	100
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		37.45	
•	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.			
	☐ Compensation committee ☐ Written employment contract		6.9	7000
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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			S-40
	organization or a related organization:			(C. 105)
а	Receive a severance payment or change-of-control payment?	4a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	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.			
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		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or 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		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Fo	any inc or each	Jividuals that are no Ilsted individual mu	t listed on Form 990 st equal the total amo	, Part VII. ount of Form 990, Pa	ad on Form 990, Part VII. ual the total amount of Form 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual.	1a. applicable colum	n (D) and (E) amounts	Section A. line 1a. applicable column (D) and (E) amounts for that individual.
(B) Breakdown of W-2		(B) Breakdown o	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Porticomont and		(a) (b) (c) (c) (d)	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(f) Total of columns (B)(()-(D)	(F) Compensation reported as deferred in prior Form 990
Carbonleaf, LLC, Paul Cicio	6	362,500.	Ō.	-0-	-o-	·o·	362,500.	-0-
-								
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13	(E)							
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
14	E							
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16								

Schedule J (Form 990) 2011

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled I	Forn	57 6 8		
For ea	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)	
	lobbying activity.	Yes	No	A	mount	t
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:					
a b c	Volunteers?					
d e f	Mailings to members, legislators, or the public?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		-1			
j 2a b	Total. Add lines 1c through 1i				eristeris.	
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<i>(E</i>)				
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	cuon		4
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	No ✓
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	(5), (or se	3 ection II-A,	line 3	
1 2	Dues, assessments and similar amounts from members	of	1		52	5,562.
a b	Current year		2a 2b			0. 0.
С	Total	-	2c			0. 0.
3 4	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the				
5	and political expenditure next year?		5		M-	0. 0.
			I-A; a	nd Parl	: II-B,	line
						*
		·				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(8) (9) (10) Employer identification number

Name of the	organization					Employer lue	nungau	IQII IIQI	mper		
INDUSTRIA	AL ENERGY CONSUMERS OF AME	RIÇA					22-	24665	69		
Part I	Excess Benefit Transactions Complete if the organization ar	(section	501(c)(3 "Yes" o) and section 501(c)(n Form 990, Part IV,	(4) organizatior line 25a or 25b	ns only). o, or Form 99	0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified person				(b) Description of	transaction		•		(c) Con	ected.
	(a) Name of disqualmed person				(b) Description of	Tansaction				Yes	No
(1) N/A											
(2)											
(3)	00330000011111111111111111111111111111										
(4)											
(5)											
(6)											
und	er the amount of tax imposed of der section 4958						he ye 	▶ \$			
3 Ent	er the amount of tax, if any, on lin	ne 2, abo	ove, reim	bursed by the organ	ization		!	▶ \$	·		
Part II	Loans to and/or From Interest Complete if the organization are			n Form 990, Part IV,	line 26, or Forr	n 990-EZ, Pa	art V, I	ine 38	Ва.		
(a) Na	me of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance	due (e) in	default?	by bo	proved oard or nittee?	(g) W agreei	
		То	From			Yes	No	Yes	No	Yes	No
(1) N/A	to the constitution										
(2)											
(3)				•	T						
(4)			1								
(5)	Andrew to the Control of the Control		l l								
(6)											
(7)											
(8)	ALL MANAGEMENT OF										
(9)											
(10)											
Total .											
Part III	Grants or Assistance Benefits Complete if the organization ar	i ng Inte i swered	rested P "Yes" or	ersons. n Form 990, Part IV,	line 27.						
	(a) Name of interested person	(b) R	elationship	between interested person organization	n and the	(c) Amoun	t and ty	pe of a	ıssistan	ce	
(1) N/A											
(2)											
(3)											
(4)											
(5)											
(6)											
· · · · · · · · · · · · · · · · · · ·		1									

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	zatio nues
			222 502	D-fiiif	Yes	N
Pau	Cicio/Carbonleaf LLC	Exec Director & Secretary	362,500.	Professional service fees	+	٧
					-	
						<u> </u>
						L
						<u>.</u>
V	Supplemental Information	ı de additional information for resp		an Cabadula I (ana instructio		

		-1-1-482487467-7				

			v			

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA Employer identification number 22-2466569

STATEMENT 1: PART VII, Compensation of Officers, Directors, Trustees, Key Employees
Section A: Carbonleaf, LLC in which Paul Cicio is an equity participant and by whom he is employed, provides services to Industrial
Energy Consumers of America pursuant to a management agreement for which it receives compensation. Carbonleaf, LLC, a policy
analysis and management consulting firm, provides services to other clients as well.
PART VI: GOVERNANCE, MANAGEMENT AND DISCLOSURE
Section B. Policies, Line 11: Form 990 is reviewed and signed by the Executive Director/Secretary of the organization.
Section B. Policies, Line 15: Carbonleaf, LLC and the Executive Director are under a five year contract to provide services of operating the
organization. The contract expires December 31, 2011 and was approved by the board of directors. The contract reflects the compensation
reflective of other trade association services. The annual report by the National Association of Manufacturers that shows the compensation
by other trade associations is used as a reference for compensation. Non non-IECA board of director personnel are involved.
Section C. Disclosure, Line 19: At the start of each meeting, the anti-trust policy of the organization is read aloud to the board of directors
and is acknowledged by the participants. The policy statement covers anti-trust and conflict of interest.
Part VII Section A. Officers, Directors, Trustees
(26) Ray Siada, Guardian Industries Corporation, as needed, director, -0- compensation
(27) Scott Engstrom, International Paper Company, as needed, director, -0- compensation
(28) Bruce Ray, Johns Manville, as needed, director, -0- compensation
(29) James Schneider, Kimberly-Clark Corp., as needed, director, -0- compensation
(30) Brian Henneberry, Koch Industries, Inc., as needed, director, -0- compensation
(31) Lehigh Hanson, Inc., as needed, director, -0- compensation
(32) Gary Moore, LyondellBasell, as needed, director, -0- compensation
(33) Melinda Deluca, MillerCoors, as needed, director, -0- compensation
(34) Thomas Scharff, NewPage Corp., as needed, director, -0- compensation

me of the organization IDUSTRIAL ENERGY CONSUMERS OF AMERICA 6) Mike Griffin, Ormet Corp. as needed, director, -0- compensation 7) Dave Andres, Owens Corning Corp., as needed, director, -0- compensation	Employer identification number 22-2466569
7) Dave Andres, Owens Corning Corp., as needed, director, -0- compensation	
8) Ryan Modlin, Owens-Illinois, Inc., as needed, director, -0- compensation	
9) Bill Ries, PPG Industries, as needed, director, -0- compensation	
0) Bob Tonti, Rain CII Carbon, LLC, as needed, director, -0- compensation	
1) Carl Simpson, Riceland Foods, Inc., as needed, director, -0- compensation	
2) Chris Brescia, RockTenn, as needed, director, -0- compensation	
3) John Morrone, Saint-Gobain Corp, as needed, director, -0- compensation	
4) Dave Kucharski, SGL Carbon, LLC, as needed, director, -0- compensation	
5) Martha Gibbons, SSAB, as needed, director, -0- compensation	
6) Peggy Claytor, The Timken Company, as needed, director, -0- compensation	
7) Scott Salmon, US Steel Corp., as needed, director, -0- compensation	
8) Al Zucco, USG Corp., as needed, director, -0- compensation	

Form **8868**

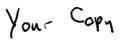
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

e If you a	are filing for an Automatic 3-Month Extension,	complete (only Part I and check th	IS DOX	، ، خاصات	 [a]	🗀		
• If you a	are filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Pa	art II (on page 2 of	tnis i	iomi). lod Forn	n 9969		
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for									
a corpor	nic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of the	ial (not auto forms liste Il Benefit (omatic) 3-month extensi d in Part I or Part II wit Contracts, which must	h the exception of be sent to the IF	Forr	n 8870, paper	Information format (see		
Part I	Automatic 3-Month Extension of Time								
A corpo	ration required to file Form 990-T and reque	sting an a	utomatic 6-month exte	ension-check this	s box	x and c	complete		
Part Lon	dv						▶ 📙		
All other	corporations (including 1120-C filers), partnersh	nips, REMIC	Cs, and trusts must use	Form 7004 to requ	ıest a	an exten	sion of time		
	come tax returns.	•							
			En	ter filer's identifying	g num	iber, see	instructions		
T	Name of exempt organization or other filer, see in	nstructions.		Employer identif	icatio	n numbe	r (EIN) or		
Type or print	INDUSTRIAL ENERGY CONSUMERS OF AMER				22-24	66569			
-	Number, street, and room or suite no. If a P.O. b	ox, see instr	uctions.	Social security n	umbe	er (SSN)			
File by the due date for	ASSESSMENT OF OFFICE AND								
filing your	City, town or post office, state, and ZiP code. For	r a foreign a	ddress, see instructions.	1					
return. See instruction									
	e Return code for the return that this application	is for (file a	separate application for	r each return) .			. 0 1		
Applica	ation	Return	Application		•		Return		
Is For		Code	Is For				Code		
Form 9	90	01	Form 990-T (corporati	on)			07		
Form 9		02	Form 1041-A			08			
Form 9		01	Form 4720				09		
Form 9		04	Form 5227		10				
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	90-T (trust other than above)	06	Form 8870		· .		12		
Teleph • If the c	none No. 202.223.1661 Diagramization does not have an office or place of but some an arrow of the formula of the companization of th	 ousiness in ur digit Gro	up Exemption Number ((GEN)		If ti	▶ □		
for the w	whole group, check this box	it is for par	t of the group, check th	IS DOX		anu a	llacii		
a list wit	h the names and EINs of all members the extens	ion is for.	in-de-file Comp 000	T) extension of ti		·····			
	request an automatic 3-month (6 months for a c	orporation	required to lile rolls 330	o-i/extension of the	hove	The ex	tension is		
	ntil August 15 , 20 12 , to file the exe	utht otasur	zation return for the org	ailization hanseu a	DOVC.	. IIIO OX	toriolori io		
	or the organization's return for:								
•	► ☑ calendar year 20 <u>11</u> or								
>	► ☐ tax year beginning the tax year entered in line 1 is for less than 12 i	, 20	, and ending			, 20			
	Change in accounting period				urn				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$							0		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
е	stimated tax payments made. Include any prior	year overpa	lyment allowed as a cre	dit.	3b_	\$	0		
E	Salance due. Subtract line 3b from line 3a. Includ FTPS (Electronic Federal Tax Payment System).	See instru	ctions.		3c	\$	0		
Caution.	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.								



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2010 cale	endar year, or tax year beginning , 2010, and ending	3	_	, 20								
В	Check if	applicable:	C Name of organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA		D Emplo	yer identification number								
	Address	change	Doing Business As			22-2466569								
	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Teleph	one number								
	Initial ret	-	1155 FIFTEENTH STREET, NW	500		202.223.1661								
	Terminat	O'thread was a state of TIP 1												
亓		nended return WASHINGTON, DC 20005 G Gross receipts \$ 580												
百		ion pending	F Name and address of principal officer: Paul Cicio	H(a) is this	a aroun refun	n for affiliates? Yes No								
	, ippea	po	1155 Fifteenth St. NW, Washington, DC 20005			included? Yes No								
	Tay-aver	mpt status:	501(c)(3)	_		a list. (see instructions)								
: J	Website			_		n number								
		-	☐ Corporation ☐ Trust ☑ Association ☐ Other ► L Year of forma			e of legal domicile: DC								
	art I	Summ	· · · · · · · · · · · · · · · · · · ·	LIGH: ZOOO	I M Otati	e or regar dornione. Do								
	_		<u>-</u>	moto the av	ailabilitu e	of dependence ones								
	1	-	escribe the organization's mission or most significant activities: To pro		anabinty (or dependable, cost								
9	ŀ	emcient	energy supplies, so as to maintain U.S. industries' contribution to economic	growui.		**************								
Activities & Governance														
ern														
Š			is box ► ☐ if the organization discontinued its operations or disposed of more than 25%			1								
8			of voting members of the governing body (Part VI, line 1a)		3_	16								
S	1		of independent voting members of the governing body (Part VI, line 1b)		4	16								
₹	5	Total nun	nber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0								
ᅙ	6	Total nun	nber of volunteers (estimate if necessary)		6	0								
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0								
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u></u>	7b	0								
				Prior Ye	ar	Current Year								
മ	8	Contribut	ions and grants (Part VIII, line 1h)											
Ž	l l		service revenue (Part VIII, line 2g)		352,117.	579,340.								
Revenue	1	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,636.	1,297.								
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			***************************************								
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		353,753.	580,637.								
			nd similar amounts paid (Part IX, column (A), lines 1–3)											
			paid to or for members (Part IX, column (A), line 4)											
	4	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		· · · · · · · · · · · · · · · · · · ·									
Expenses			nal fundraising fees (Part IX, column (A), line 11e)											
ĕ	1		draining evenence (Port IV column (D) line 25)											
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24f)	a Park California (Cal	385,041.	566,144.								
	l .				385,041.	· · · · · · · · · · · · · · · · · · ·								
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		-31,288.	566,144.								
. 10		Revenue	less expenses. Subtract line 18 from line 12	eginning of Cu		14,493. End of Year								
15 Q		~	<u> </u>	egining or Go										
Net Assets or Fund Bafances	20		ets (Part X, line 16)		249,558.	213,201.								
声	21		lities (Part X, line 26)		247,694.	196,844.								
			s or fund balances. Subtract line 21 from line 20		1,864.	16,357.								
	rt II		ure Block											
			y, I declare that I have examined this return, including accompanying schedules and statemete. Declaration of preparer (other than officer) is based on all information of which preparer is			ny knowledge and belief, it is								
LTLIK	s, correct,	, and comple	ster, pedalation of preparer (other than officer) is based on air morniation of which preparer	ias ariy Kilowi	euge.									
Sig		Signa	tture of officer	Da	te									
He	re	 												
		7	or print name and title											
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	9	Check [if PTIN								
	eparer	Rebecc	a Bayless		self-emp									
	e Only		ame ➤ Rebecca J. Bayless	Firm	ı's EIN ➤	571-231962								
		Firm's ac	idress ► PO Box 265, Carmel Valley, CA 93924	Pho	ne no.	831.659.3437								
Vlay	the IR	S discuss	this return with the preparer shown above? (see instructions)			Yes 🗸 No								
														

	Page 2
	. 🗆
Yes	☑ No
Yes	☑ No
	Section ions to
ongres s expo interv	rts. ene
evalua	
0 spec 2020 -	
on fed tions n Legis	

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: To promote the availability of dependable, cost efficient energy supplies, so as to maintain U.S. industries' contribution to economic growth.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$) The Supplier Council brings together our suppliers of energy to meet with us to discuss issues that impact them and us on federal, state, state legislative and regulatory issues. Their financial contribution is to support education meetings and presentations related to the importance of low cost electricity to manufacturing competitiveness such as presentations to the American Legislative Exchange Council, and the Hispanic Caucus Leadership Council.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 566,144.

Part 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		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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	1	
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		√
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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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, Parts II and IV.	15		✓
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		✓
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 (see instructions)	17		✓
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		✓
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 Did the appropriate separate and appropriate Schedule II.	19		√
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
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)	20b		

Part	Checklist of Required Schedules (continued)			-3-
•			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		1
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		1
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	1	
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		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
đ 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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):	10 (S)		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		√
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		1
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		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37		√
	13: Note. All 1 Offit 330 litera are required to complete achiecute O	38	V 000	

Part	Statements Regarding Other IRS Filings and Tax Compliance 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	1				
b	Enter the name of forme we had a molder of the first of the forme of the first of t	0-		8.000		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1			
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	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	19-140-52-9 (4)-44-54	1		
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 authority	,				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financia					
	account)?	4a		✓		
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	100000000000000000000000000000000000000	1		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
C	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	1	1		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b		1		
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		√		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		1		
d	If "Yes," indicate the number of Forms 8282 filed during the year	6025.8				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	04800483498848			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-			
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	70.00				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	\$3900 SA				
	organization, have excess business holdings at any time during the year?	8	-3-C-2011/2-12-12-12-12-12-12-12-12-12-12-12-12-12	enter especial;		
9	Sponsoring organizations maintaining donor advised funds.		W 8			
а	Did the organization make any taxable distributions under section 4966?	9a	P P P P P P P P P P P P P P P P P P P			
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 . 10b					
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.)		10.02			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b				

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in	Scne	eaule
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			· 🔨
Secti	on A. Governing Body and Management	- 1	Yes	No
	The state of the second of the	40000000	res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16 Enter the number of voting members included in line 1a, above, who are independent 1b 16			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
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 governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1963031045024	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			2000
a	The governing body?	8a	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	√	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
<u> </u>	on b. Policies (This Section B requests information about policies not required by the internal revent		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such			-
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	. 1		
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	40-	,	
40		12c	✓ .	
13	Does the organization have a written whistleblower policy?	14		y
14 15	Did the process for determining compensation of the following persons include a review and approval by	14		V
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	√	REPRESENT
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 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?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►		A ~	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	liabie
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	i inter	pet n	olicy
13	and financial statements available to the public.	111101	oor b	Jiioy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Paul Cicio, 1155 Fifteenth St, NW, Washington, DC 20005			

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Pane	- 4

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees,
	and Independent Contract	ors					

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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	individual tr	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Ray Ratheal, Eastman Chemical Co.	> 5 hours							-0-	-0-	-0-
PO Box 431, Bldg 470, Kingsport, TN 37662	× 0 110013			✓						
(2) Irene Kowalczyk, MWV Corp.	> 5 hours							-0-	-0-	-0-
299 Park Ave, 13th Fir, New York, NY 10171	> 3 HOGI 3			✓					<u> </u>	
(3) Scott Salmon, United States Steel Corp.	> 5 hours							-0-	-0-	-0-
901 K Street, NW, #1250, Washington, DC 20001	> 3 Hours			✓				-	-0-	
(4) Paul Cicio, CarbonLeaf, LLC	20 + hours				ĺ			297,500.	-0-	-0-
1155 15th St, #500, Washington, DC 20005	20 + 110u15			\				237,300.	-0-	
(5) Compensation Reported as Management	j									
Contract Fee/Consultant - See Statement 1					<u> </u>					
(6) Officers & directors, as a group serve							•			
without compensation, except as noted										
(7) Al Musur, Abbott Laboratories	ac maadad							-0-	-0-	-0-
200 Abbott Park Rd, Abbott Park, IL 60064	as needed	✓						-0-	-0-	-0-
(8) Darren MacDonald, Gerdau Ameristeel Corp.	ac poodad							-0-	-0-	-0-
1801 Hopkins St, South, Whitby, ON L1N5T1 Cana	as needed	\				İ		-0-		
(9) Martha Gibbons, SSAB North American Divisi	oc mooded							-0-	-o-	-0-
615 South Oakland St, Arlington, VA 22204	as needed	✓						-0-	-0-1	
(10) Rod Williamson, Dow Corning Corp.	an mandad							-0-	-0-	-0-
PO Box 0994, Mail #142, Midland, MI 48686	as needed	✓						-0-	-0-	
(11) Patrick Jackson, Corning Inc.	as paoded							-0-	-0-	-0-
One Riverfront Plaza, Corning, NY 14831	as needed	✓						-0-	-0-	-0-
(12) Dana Byrne, Cliffs Natural Resources	ac maadad							-0-	-0-	-0-
1100 Superior Ave. #1500, Cleveland, OH 44114	as needed	✓				,		-0-	-0-	
(13) Peggy Claytor, The Timken Co.								-0-	-0-	-0-
1835 Dueber Ave, SW, Canton, OH 44706	as needed	✓						-0-	-0-	-0-
(14) Jerry Prout, FMC Corp.	as needed							-0-	-0-	-0-
1101 Pennsylvania Ave, NW #325, Wash DC	as needed	✓						-0-	-0-	
(15) Rosemary O'Brien, CF Industries	as needed							-0-	-0-	-0-
1401 I St, NW #340, Washington, DC 20005	as needed	✓					L	-0-	-0-	
(16) Ray Siada, Guardian Industries Corp	as needed							-0-	-0-	-0-
2300 Harmon Rd, Auburn Hills, MI 48326	us necucu	✓					Ц			

Part	VII Section	on A. Officers, Directors, Tru	stees, Key	Emple	руес	es, a	and	Highe	est	Compensated	Employees	(cont	inued)
		(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title		Average Position (check all that app							Reportable	Reportable		Estimated
			hours per week	유급	Ins	ੂ	X _e	e High	Fo	compensation	compensation related	πom	amount of other
			(describe	Individual trustee or director	l fi	Officer	Key employee	말	Former	the	organizatio		compensation
			hours for related	호텔	iona		g	8 CO		organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from the organization
			organizations	rust	쿹		yee	탏		,			and related
			in Schedule O)	8	Institutional trustee			Highest compensated employee					organizations
			-	<u> </u>				8		.			
3		International Paper	as needed				Ì			-0-		-0-	-0-
		mphis, TN 38197		 √		_	<u> </u>						
		tt, Koch Industries, Inc. 0, Washington, DC 20005	as needed	1				•		-0-		-0-	-0-
(19)	HII 31, 1446, #60	o, wasinigton, DC 20003		-					-				
(19)			1										
(20)													
3													
(21)													
(22)					;								
(23)		~ 4 4 4 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4											
/O.4)													
(24)													
(25)													
(20)													
(26)													
X-11	****	~ R R R R R R R											
(27)		•											
(28)													
1b			 M. O		•	•		٠		297,500.			
ب 5		ontinuation sheets to Part nes 1b and 1c)			•	-		•		297,500. 297,500.			
d		nes 1b and 1c)	~~~~				- ·	· ·	1 300	J	ore than \$10	l	Ω in
-		ompensation from the organi		100	OSC	Hou	cu i	above.	, ,	no received in	Jie tilair yre	,0,00	0 111
													Yes No
3	Did the orga	anization list any forme r of	ficer, direc	tor o	r trı	uste	e, I	key e	mp	loyee, or high	est comper	nsate	d
	employee on	line 1a? If "Yes," complete \$	Schedule J	for su	ıçh .	indi	vidu	ıal .				. <i>.</i>	3 ✓
4	For any indivi	idual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	isatio	n a	nd other comp	ensation fro	m th	ie
		and related organizations	greater tha	an \$1	50,	000	? If	"Yes	5, "	complete Sch	edule J foi	suc	1
_	individual .						 			rolated organia	 Intion or ind	 İvrileti	4 🗸
5		on listed on line 1a receive o endered to the organization?									anon or mu		5 V
Section		dent Contractors	1, 100, 0	0,,,,			-		<i></i>		· · · · ·		1 J V
1		s table for your five highest of	compensate	ed inc	lepe	ende	ent o	contra	acto	ors that receive	d more that	n \$10	10,000 of
-		n from the organization.	•		•								
		(A)								(B)			(C)
		Name and business add	ress							Description of s	ervices		Compensation
													
2	Total number	r of independent contracto	rs (includin	a hii	t no	nt li	mit	ed to	th	ose listed abo	ove) who		
~		re than \$100 000 in compens	-	_					71 1	ubt	,		

Par	VIII	Statement of Reve	nue	n gales est al	re-services (Costable Street Perferences of	il	1 10	(0)	- m
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a					
	b	Membership dues .	[ib					
	С	Fundraising events .	-	1c					
	d	Related organizations		1d		an all the second			
	е	Government grants (contri		1e		_			
	f	All other contributions, gifts					100 000		
		and similar amounts not included above 1f			king a samu				
	g	Noncash contributions included in lines 1a-1f: \$			4				
_	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>		Name and the second second second second second second second second second second second second second second			
Program Service Revenue	_				Business Code			34,843,277,275 (V)	
	2a	Program Assessments			559,340.				
	b	Supplier Council Assess	sments		20,000.		<u> </u>		
	C				•				
Se	đ					 			
ram	e	All aller menerone consider						1	
rog	f	All other program service				570.240			
<u>a</u>	<u>g</u> 	Total. Add lines 2a-2f Investment income (in				579,340.		l	<u> </u>
	3					1,297.			
	4	and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶			1,237.				
	4 5			•					
	J	noyanies	(i) Real		(ii) Personal				
:	6a	Gross Rents	· · ·			1			
	b	Less: rental expenses							
	c	Rental income or (loss)							
	ď	Net rental income or (los	122						
	7a	Gross amount from sales of	(i) Securitie	s ·	(ii) Other				
		assets other than inventory							Market Control
	b	Less: cost or other basis							
		and sales expenses .							
	C	Gain or (loss)						5 (2)	20 (G.20)
	d	Net gain or (loss)		-		14000000000000000000000000000000000000	NAMES OF STREET	han contra the section of the sectio	The contract of the contract o
		• • • •		}					
ĭ.	8a	Gross income from fund	draising						
Ver		events (not including \$							
ě		of contributions reported							
er		See Part IV, line 18		а					
Other Reven	b	Less: direct expenses .		b					
	C	Net income or (loss) from			events . 🕨				
	9a	Gross income from gami		- 1					
		,		а					
	b	Less: direct expenses .		p					Section 18 to 18 t
	C	Net income or (loss) from			vities		8 W 10 M 10 M 10 M 10 M 10 M 10 M 10 M 10		
	10a	Gross sales of invereturns and allowances		- 1				0.00	
				a					
	b	Less: cost of goods sold Net income or (loss) from		b inve	enton.				
}	<u>C</u>	Miscellaneous Reve		11116	Business Code				
1	11a	WISCONDING THE	v. 140		Damicoo Couc			200000000000000000000000000000000000000	
				}					<u> </u>
	b			}					
Ì	d	All other revenue		}					
	a e	Total. Add lines 11a-11	 d	i					
Ī	12	Total revenue. See inst				580,637.	sees See of a second of the See See		personal transport over some first of the performance of the performan

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).

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
i	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
''a	Management	298,000.			
b	Legal				
C	Accounting	585.			
d	Lobbying				
e f	Investment management fees				
g	Other	20,000.			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Occupancy	22,800.			
17	Travel	3,858.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,002.			
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,397.		-	
23 24	Other expenses, Itemize expenses not covered	1,337.			
27	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	247.722			
a	SEE STATEMENT 2	217,502.	·	****	
b					
ď					
е					
f	All other expenses	500 4.5			<u> </u>
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	566,144.			
26	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Р	art X	Balance Sheet	1		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		7	
	2	Savings and temporary cash investments	249,558.	2	213,201.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			and the second second second
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		18116	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ś		employees' beneficiary organizations (see instructions)	and tributed Now and at the many transfers by the state of the state o	6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	and The Bank of Table of the Chamber	10c	g ing the early of the particular to the properties of the properties and particular to the properties of the particular to the particular
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	249,558.	16	213,201.
	17	Accounts payable and accrued expenses	24,404.	17	25,844.
	18	Grants payable		18	
	19	Deferred revenue	223,290.	19	171,000.
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ϊ́		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	E CONSTRUCTOR PROPERTO A PROCESSOR AND A REPORT OF PROPERTY A PROPERTY AND A PROP
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	247,694.	26	196,844.
		Organizations that follow SFAS 117, check here ▶ ☑ and complete			
Š S		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	1,864.	27	16,357.
अंह इंड	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here ▶ □ and			
느		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	ummer manner an au meire am de men 1954 de para de matterne en 16,000 de particular de 16,000 de 1850.	30	annia i transia en empero sen i de propia e respondibilità dise di Solla Persolidi de e
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	1,834.	32	16,357.
Net Assets or Fund Balances	33	Total net assets or fund balances	1,834.	33	16,357.
Z	34	Total liabilities and net assets/fund balances	249,558.	34	213,201.
l					Form 990 (2010)

Form **990** (2010)

Par					
	Check if Schedule O contains a response to any question in this Part XI	• • •	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		580),834.
2	Total expenses (must equal Part iX, column (A), line 25)	2		566	5,341.
3	Revenue less expenses. Subtract line 2 from line 1	3		14	,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,864.
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		16	3,357.
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
b	Were the organization's financial statements audited by an independent accountant?		2b		\
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	rersight ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo the udits	3b		
			Fort	m 990	(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

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

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

• 5	Section 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
INDU	ISTRIAL ENERGY CONSUME				22-2466569
Par	t I-A Complete if the	e organization is exempt un	der section 501(c) or is a section 527	organization.
1	Provide a description of t	the organization's direct and ind	irect political campa	aign activities in Part IV.	
2	Political expenditures .			▶ 9	
3	Volunteer hours				0.
Par	t I-B Complete if the	e organization is exempt un	der section 501((c)(3).	
1	Enter the amount of any	excise tax incurred by the organ	ization under sectio	on 4955 ▶ 🦠	
2	Enter the amount of any	excise tax incurred by organizati	on managers under	r section 4955 🕨 🤄	5
3	If the organization incurre	ed a section 4955 tax, did it file F	orm 4720 for this y	rear?	Yes No
4a					Yes No
<u>b</u>		IV.			1(-1(0)
	t I-C Complete if the	e organization is exempt un	der section 501(c), except section 501	i(c)(3).
1		expended by the filing organ			6 0
_	activities		ib. to a there are)
2		filing organization's funds contr	ibuted to other org	garrizations for section	6 0
_	527 exempt function activi	penditures. Add lines 1 and			·
3	lotal exempt function ex	tpenditures. Add lines i and .	z. Einei neie anu		S o
_		file Form 1120-POL for this year			Yes √ No
					— —
5	Enter the names, addresse	es and employer identification nate. For each organization listed,	enter (EIN) OI all St	ection 527 political organi naid from the filing organi	ization's funds. Also enter
	the amount of political con	its. For each organization listed, itributions received that were pro-	nmotiv and directly	delivered to a separate of	political organization, such
	as a separate segregated 1	fund or a political action commit	ee (PAC). If addition	nal space is needed, provi	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)	N/A				
(O)					
(2)					
(3)					
(4)					
(5)					
(6)			1	l	

_	-
Page	~

Pa	art II-A Complete if the organization	on is exempt	under section 50)1(c)(3) and file	ed Form 5768 (ele	ection under
	section 501(h)).					
	Check ► ☐ if the filing organization be					
B	Check ► ☐ if the filing organization cl			roi" provisions	T	
		bying Expendi			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" n				organization s totals	group totalo
1	1a Total lobbying expenditures to influence					
	b Total lobbying expenditures to influence	-				
	c Total lobbying expenditures (add lines	· ·				<u></u>
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (ad					
	f Lobbying nontaxable amount. Enter columns.	the amount	trom the following	table in both		
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 2	5% of line 1f)				
	h Subtract line 1g from line 1a. If zero or	less, enter -0-				<u>.</u>
	i Subtract line 1f from line 1c. If zero or le					
	j If there is an amount other than zero					☐ Yes ☐ No
	reporting section 4911 tax for this year	?				
	(Some organizations that m columns below.	ade a section See the instru	uctions for lines 2a	not have to con through 2f on p	page 4.)	•
	Lobbyin	g Expenditure	s During 4-Year A	eraging Period	· 1 · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2	2a Lobbying nontaxable amount	·· • · ·				
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2010

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768		
	telection under Section 30 (inj).	(a)		(b)	
		Yes	No	A	moun	t
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:					
a b c	Volunteers?					
d e	Mailings to members, legislators, or the public?					
f g	Grants to other organizations for lobbying purposes?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV					
j 2a	Total. Add lines 1c through 1i					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		;)(5),	or se	ction		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No ✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	✓	1
3 Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	;)(5),	or se	ction	∍d	
1 2	Dues, assessments and similar amounts from members	s of	1		57	9,340.
a	Current year		2a 2b			0. 0.
C	Total		2c			0. 0.
3 4	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	f the ying	3			
5	and political expenditure next year?		5			0. 0.
Par				B, line	1i. Al	so,

SCHEDULE J (Form 990)

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. 990. ► See separate instructions. ➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDUSTRIAL ENERGY CONSUMERS OF AMERICA

Employer identification number

22-2466569

Part	Questions Regarding Compensation				
			Ye	es	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Form			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal us	e 🏻			
	☐ Travel for companions ☐ Payments for business use of personal residence	e 🏻		35	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			(5)	
	☐ 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 pa	yment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part	ill to			
	explain	· · [1]	<u> </u>	\bot	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all or	fficers,		.	
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	- ✓		
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.				
	☐ Compensation committee				S At a
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation commit	ttee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				euge i
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment from the organization or a related organization	ation? 4	a		✓_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	· · ·			✓_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4	C .	CO SOME CO	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part I	II. [
	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?	5		_	
b		5	0	2000 P	See and the
	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?	6		_	
b	Any related organization?	6	D	8036944 B	ikis siin ka
	If "Yes" to line 6a or 6b, describe in Part III.	. <i>e</i>			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any not		.		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	· · · 7	_		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subj	ect			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," de				
	in Part III	· · <u>8</u>	·		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure descri				
	Regulations section 53.4958-6(c)?	9	'		

Page 2

Schedule J (Form 990) 2010

Partil 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)(f)-(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	C compensation	(C) Betirement and	oldevetook (A)	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported in prior Form 990 or Form 990-EZ
Carbonleaf LLC Paul Cicio	8	297,500.	ф	-0-	-0-	¢	297,500.	299,000.
-	8							
	=							
23	€							
	ε							
3	€							
	8							***************************************
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10	€							
	8							
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4.	€							
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15	€							
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							Sch	Schedule J (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

22-2466569

	TRIAL ENERGY CONSUMERS OF AME									-		
Part	Excess Benefit Transactions Complete if the organization ar	(section nswered	501(c)(3) "Yes" on	and section 501(c)(Form 990, Part IV,	4) organiz line 25a o	ations only) r 25b, or Fo). orm 990)-EZ,	Part \	/, line	40b.	
					(h) Decarin	tion of transac	tion				(c) Corr	ected?
1	(a) Name of disqualified person				(b) Descrip	uon or transac					Yes	No
(1) N	VA			.,,,,								
(2)												
(3)					****							
(4)												
(5)												
(6)				<u> </u>	4151)							
2	Enter the amount of tax imposed under section 4958					persons di	 		> \$ > \$			
Part	Loans to and/or From Interes Complete if the organization a	sted Per	sons. "Yes" on	Form 990, Part IV,	line 26, or	Form 990-	EZ, Pa	rt V, li	ne 38	a.		
(6	Name of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Ba	lance due	(e) in d	efault?	(f) App by bo comm	ard or	(g) W agreer	
		То	From				Yes	No	Yes	No	Yes	No
(1) 1	I/A											
(2)												<u> </u>
(3)												
(4)												
(5)							<u> </u>					
(6)												
(7)												
(8)		1										
(9)												ļ
(10)							To a Title of the Post of the State of the S	- venezozeko		dalan salan salan salah s	2009/7000/2009/2009	100200000000000000000000000000000000000
otal				▶ \$	<u> </u>							
Part l	Grants or Assistance Benefit Complete if the organization as	ing Inte	rested Pe "Yes" on	ersons. Form 990, Part IV,	line 27.	*****						
	(a) Name of interested person	(b) R	elationship l	between interested perso organization	n and the	(c)	Amount	and ty	oe of a	ssistan	ce	
(1)	VA											
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)	-											
(9)												
(10)										.,		

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. nswered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
(4) Do	ul Cicio/Carbonleaf LLC	Exec Director & Secretary	297.500.	Professional service fees	169	1
(1) Pa	di Ciclo/Carboniear LLC	Exce Director & Secretary				
(3)						
(4)						
(5)						<u> </u>
(6)						
(7) (8)					<u> </u>	
(9)			· · · · · · · · · · · · · · · · · · ·			
(10)						
Part V	Supplemental Information Complete this part to provide	additional information for re	sponses to question	ns on Schedule L (see instruction	ons).	
=			J4#=			
		±				
**			**************************************			

			±###			
						-
					· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990 or 990-EZ

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

20**10**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

22-2466569 INDUSTRIAL ENERGY CONSUMERS OF AMERICA STATEMENT 1: PART VII, Compensation of Officers, Directors, Trustees, Key Employees Section A: Carbonleaf, LLC in which Paul Cicio is an equity participant and by whom he is employed, provides services to Industrial Energy Consumers of America pursuant to a management agreement for which it receives compensation. Carbonleaf, LLC, a policy analysis and management consulting firm, provides services to other clients as well. STATEMENT 2: PART IX - Expenses, line 24a \$ 2,225 Bank charges and merchant credit card fees \$ 1,690 Printing and copying \$ 3,270 Office equipment and supplies **Dues and subscriptions** \$ 6,698 \$ 421 Courier and postage \$ 278 Corporate fees \$155,812 Research study fees Word processing and secretarial fees \$ 39,201 Telephone, conference calls and other comm. \$ 7,907 \$217,502 **TOTAL LINE 24A** PART VI: GOVERNANCE, MANAGEMENT AND DISCLOSURE Section B. Policies, Line 11: Form 990 is reviewed and signed by the Executive Director/Secretary of the organization. Section B. Policies, Line 15: Carbonleaf, LLC and the Executive Director are under a five year contract to provide services of operating the organization. The contract expires December 31, 2011 and was approved by the board of directors. The contract reflects the compensation reflective of other trade association services. The annual report by the National Association of Manufacturers that shows the compensation by other trade associations is used as a reference for compensation. Non non-IECA board of director personnel are involved Section C. Disclosure, Line 19: At the start of each meeting, the anti-trust policy of the organization is read aloud to the board of directors

and is acknowledged by the participants. The policy statement covers anti-trust and conflict of interest.

Keep-File Copy-Keep

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

Inter	epartment of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection									
A	For the	e 2011 cale	endar year, or tax year beginning , 2011, and	d ending			, 20			
В			C Name of organization INDUSTRIAL ENERGY CONSUMERS OF AMERI	ICA		D Employe	er identification number			
	Address	s change	Doing Business As				22-2466569			
	Name o	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephor	ie number			
	Initial re	~	1155 FIFTEENTH STREET, NW	500)	202.223.1661				
	Termina		City or town, state or country, and ZIP + 4							
	Amende	ed return	WASHINGTON, DC 20005			G Gross re	ceipts \$			
$\overline{\Box}$			F Name and address of principal officer: Paul Cicio		H(a) is this a	group return f	or affiliates? Yes V No			
_			·				cluded? Yes No			
ī	Tax-exe	empt status:		527			list. (see instructions)			
J	Website				H(c) Group	exemption	number >			
K Form of organization: ☐ Corporation ☐ Trust							of legal domicile: DC			
Р	art l	Summ	ary							
	1		escribe the organization's mission or most significant activities:	To provid	le the avail	ability of	dependable, cost			
			energy supplies so as to maintain U.S. industries' contribution to eco							
ĕ										
E	1									
Š	2	Check th	is box ▶☐ if the organization discontinued its operations or disp	osed of n	nore than	25% of i	ts net assets.			
ŏ	3					3	45			
οĞ Ω	4		of independent voting members of the governing body (Part VI, lir	ne 1b) .		4	45			
Activities & Governance	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)									
탾	6 Total number of volunteers (estimate if necessary)						0			
ĕ	7a		elated business revenue from Part VIII, column (C), line 12			7a				
	b		ated business taxable income from Form 990-T, line 34			7b	0			
					Prior Yea	ar	Current Year			
	8	Contribut	tions and grants (Part VIII, line 1h)	. 🗀						
Revenue	9		service revenue (Part VIII, line 2g)			579,340.	525,562.			
Ş	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		••	1,297.	728.			
Œ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line		5	80,637.	526,290.			
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		· · · ·					
	14		paid to or for members (Part IX, column (A), line 4)							
ç	15		other compensation, employee benefits (Part IX, column (A), lines 5-			1				
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)							
ē,	b		draising expenses (Part IX, column (D), line 25)							
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		5	66,144.	495,967.			
	18	-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5	66,144.	495,967.			
	19	•	less expenses. Subtract line 18 from line 12			14,493.	30,323.			
p &				Begi	nning of Cun		End of Year			
and	20	Total ass	ets (Part X, line 16)		2	13,201.	205,806.			
Net Assets or Fund Balances	21		ilities (Part X, line 26)		1	96,844.	159,126.			
氢氢	22		s or fund balances. Subtract line 21 from line 20	.		16,357.	46,680.			
	rt II		ure Block							
			y, I declare that I have examined this return, including accompanying schedules an	nd statemen	ts, and to the	e best of m	y knowledge and belief, it is			
			ete. Declaration of preparer (other than officer) is based on all information of which p				-			

Sign Here	Signature of officer	other than officer) is based on all information of v		ate	
	Type or print name and title	·			
Paid Preparer	Print/Type preparer's name Rebecca J. Bayless	Reparer's signature	Date 7 yalız	Check ✓ if self-employed	PTIN 57-1231962
Use Only	Firm's name ▶	V 8	Fin	m's ElN ▶	
Ose Orny	Firm's address ▶ PO Box 265, 0	Carmel Valley, CA 93924	Ph	one no. 8	31.659.3437
May the IRS	discuss this return with the p	eparer shown above? (see instruction	ns)		☐ Yes 🗸 No
					- 000

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To promote the availability of dependable cost efficient energy supplies, so as to maintain U.S. industries' contribution.
2	Did the experience and exteller and eleminant experience during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grants and anocations to others, the total expenses, and revenue, it any, for each program service reported.
4-	(Onder) (Consequence of the consequence of the con
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Organized energy workshops on energy efficiency and excessive speculation in commodity markets. Testified before Congress
	on climate policy. Intervened at the EPA Clean Air Act regulations. Continued negotiations on motion filed to intervene at the DOE
	on natural gas exports. And the motion to participate before the Public Utilities Commission of Colorado on natural gas issues.
	Monitored motion filed to intervene at Federal Energy Regulatory Commission on the Demand Response Compensation. Continued
	working with Commodity Features Trading Commission on setting position limits.
Al-	(Onder 1) (Forestee & 1)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Research studies conducted on Sustainable Manufacturing and Growth Initiative and Taking Stock on Climate. Continue to evaluate policies to help jump start the economy and manufacturing jobs by unlocking capital investment and removing barriers to energy
	efficiency. The results showed: increase cumulative employment by 9.4 million job-years in 2010-2030; increase cumulative private
	investment by more than \$1 trillion in 2010-2030; reduce energy-related GHG emissions by 13 percent in 2020; increase cumulative
	net exports by \$392 billion in 2010-2030; and increase real GDP by \$77 billion in 2020. The second study evaluated legislation that
	has passed and its potential impact on GHG emissions. It illustrated that 100 specific measures already undertaken by Congress
	since 2005 are estimated to reduce nearly 1.7 gigatons of GHG emissions by 2020 - nearly achieving the 2.6 gigaton reduction
	commitment announced by President Obama.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	The Supplier Council brings together our suppliers of energy to meet with us to discuss issues that impact them and us on federal,
	state, state legislative and regulatory issues. Their financial contribution is to support education meetings and presentations
	related to the importance of low cost electricity to manufacturing competitiveness such as presentations to the American
	Legislative Exchange Council, and the Hispanic Caucus Leadership Council.
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
	Total program service expenses ► 495,967

Part	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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		✓
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		✓
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,		1	
	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 provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		,
-	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
0	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		-
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1000
	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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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		✓
, 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	ادمما		,
		11d 11e		√
	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	116		V
'	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 • • •		
	Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		✓
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, Parts II and IV	15		✓
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	40		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		✓
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓

Part	IV Checklist of Required Schedules (continued)			
	The state of the s		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		1
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		1
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		1
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		· •
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	36		√
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	37	1	¥

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				. [
		1 - 1	ucosa e noso	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners?	to vendors and	100000		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c	√ 5900000	intern
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	10000	10.00	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b		250050
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			30.00	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	(14/1/2006) (14/1/2006)	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule C		3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature				
	over, a financial account in a foreign country (such as a bank account, securities account,				
	account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶			100	100
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0				,
	organization solicit any contributions that were not tax deductible?		6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions of			
7	gifts were not tax deductible?		6b	63.2 (35.2)	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly for goods			10 TO
a	and services provided to the payor?		7a	V9216580	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property				
	required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			\$ - S
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l	penefit contract?	7e	Carrier Court	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 1		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7 g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained to	by a sponsoring			6.6
_	organization, have excess business holdings at any time during the year?		8	Section and	√ 38/8/20155-
9	Sponsoring organizations maintaining donor advised funds.				
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	600.000	35.60
10	Section 501(c)(7) organizations. Enter:	10a			
	Initiation fees and capital contributions included on Part VIII, line 12	10b	1		
	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	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		12a	massassis.	2020/09/25/
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		[
	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 Schedul	e O.			8
L.	Enter the amount of recover the organization is required to maintain by the states in which		140 KW	66000	

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in:	struct	ions.
Cooti	Check if Schedule O contains a response to any question in this Part VI		• • • •	. 🗸
Secu	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.			
ь 2	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?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	√	✓ ✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	√	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ado l	✓
Secti	on B. Policies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	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 body before filing the form?	11a	Section-1985	**************************************
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13 14 15	Did the organization have a written whistleblower policy?	13 14		1
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	\	
	with a taxable entity during the year?	16a		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Paul Cicio, 1155 Fifteenth St NW, Washington, DC 20005	of the	,	

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

ection 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer the box is ficitive the organization fic	any rolato	<u>u o.g.</u>	LA1 1.12		C)	ompe	,,,,,,		it omoor, andoto	, 01 11 40100.
(4)	(D)	Position				(D)	(5)	(D		
(A) Name and Title	(B)	(do not check more than one				(D)	(E) Reportable	(F) Estimated		
Name and Tibe	Average hours per		box, unless person is both an officer and a director/trustee)				Reportable compensation	compensation from	amount of	
	week	_	_	_	_		<u> </u>	from	related	other
	(describe hours for	호	ıst t	Officer	ey e	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ecta	rtio	4	å	yest c	욕	(W-2/1099-MISC)		organization
	organizations in Schedule) if	าลเ		Key employee	"				and related organizations
	O)	Individual trustee or director	Institutional trustee		ō	景				Organizations
			86			Highest compensated employee				
(1) Irene Kowaiczyk, MWV Corp.										
1155 15th St NW, Washington, DC 20005	>5 hours			√				-0-	-0-	-0-
(2) Ray Ratheal, Eastman Chemical Co.										
1155 15th St NW, Washington, DC 20005	>5 hours			✓				-0-	-0-	-0-
(3) Al Musur, Abbott Laboratories										
1155 15th St NW, Washington, DC 20005	>5 hours			✓				-0-	-0-	-0-
(4) Paul Cicio, CarbonLeaf, LLC										
1155 15th St NW, Washington, DC 20005	20 + hour			✓				362,500.	-0-	-0-
(5) Compensation Reported as Management										
Contract Fee/Consultant - See Statement 1										
(6) Officers & directors, as a group serve										
without compensation, except as noted										
(7) Gary Chestnut, Ag Processing, Inc.] '	ļ								
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(8) Mario Silva, Air Liquide America L.P.]									
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(9) Ellen O'Connell, Air Products & Chemicals	.		1							
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(10) Sean McKeon, BASF Corporation]	ı								
1155 15th St NW, Washington, DC 20005	as needed	√						-0-	-0-	-0-
(11) Jeff Dyck, Cascade Steel Rolling Mills]	ŀ	ł	-						
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(12) Carlos Garcia, Celanese Corporation]]			- 1		.				
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-
(13) Rosemary O'Brien, CF Industries]			-						
1155 15th St NW, Washington, DC 20005	as needed	1						-0-	-0-	-0-
(14) Brad Muller, Charlotte Pipe & Foundry Co.]									
1155 15th St NW, Washington, DC 20005	as needed	✓						-0-	-0-	-0-

r ai	Section A. Officers, Directors, Trus	lees, ney E	inpio	yee		C)	ngne	SLU	ompensaleu <u>-</u>	inployees (co	THIT	ieu)
	(A) Name and title	(A) (B) Position (do not check more than one box, unless person is both an Reportable Reporta				Reportable		(F) Estimated				
		hours per week (describe hours for related organizations in Schedule O)	Individua or directo	institutional trustee	d Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation fr related organizations (W-2/1099-MIS		amount of other compensation from the organization and related organizations
(15) D	ana Byrne, Cliffs Natural Resources											
1155	15th St NW, Washington, DC 20005	as needed	1						-0-		-0-	-0-
(16) P	atrick Jackson, Corning, Inc.											
	15th St NW, Washington, DC 20005	as needed	1						-0-	,	-0-	-0-
	eff Kaman, Deere & Company		_ ا									
	15th St NW, Washington, DC 20005	as needed	✓		<u> </u>				-0-		-0-	-0-
·	eth Roberts, Dow Chemical Co.		,									•
	15th St NW, Washington, DC 20005 ave Lyons, Dow Corning Corp.	as needed						-	-0-	•	-0-	-0-
	15th St NW, Washington, DC 20005	as needed	√						-0-		-0-	-0-
	harles Ruffing, Eastman Kodak Company	as needed						┝	-0-		-0-	
	15th St NW, Washington, DC 20005	as needed	1						-0-		-0-	-0-
	erry Grzybowski, Evonik Degussa Corp.	05,10000						-				
	15th St NW, Washington, DC 20005	as needed	1						-0-		-0-	-0-
	m McMillin, Fairmount Minerals											
1155	15th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
(23) Je	erry Prout, FMC Corporation											-
1155	15th St NW, Washington, DC 20005	as needed	\						-0-	-	-0-	-0-
(24) D	arren MacDonald, Gerdau								·			
1155	15th St NW, Washington, DC 20005	as needed	✓						-0-		-0-	-0-
(25) B	ian Riley, Goodyear Tire & Rubber Co.											
	15th St NW, Washington, DC 20005	as needed	√						-0-		-0-	-0-
1b	Sub-total		٠	•	•		•	>	362,500.		-0-	-0-
c	Total from continuation sheets to Part			•	•		•	>	-0-		-0-	-0-
						<u></u>		<u> </u>	362,500.		-0-	-0-
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) W	no received mo	ore than \$100	,000	of
	reportable compensation from the organi	Zalion	one									Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 9						-	mp	loyee, or high	est compens	ated	
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indivi	dual	5 1
Section	on B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Rep year.											
	(A) Name and business add	ress							(B) Description of se	ervices	((C) Compensation
	·											
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Par	t VIII	Statement of Reve	enue		•			
	1 (1) 1 (1) 1 (2)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1a	Federated campaigns	s 1a	,				
s, Grants Amounts	b	Membership dues .	1b					Section 1
Ğ,Ğ	С	Fundraising events .	1c		7		3.66	
# 1	d	Related organizations	s 1d		7			
S, E	е	Government grants (cor	ntributions) 1e		1			
<u> </u>	f	All other contributions, g		·				
돌		and similar amounts not in				8 6 6 6 6 6		
Contributions, Gift and Other Similar	g	Noncash contributions inclu	ded in lines 1a-1f: \$	•				3 8 8 9 9
Contributions, Gifts, and Other Similar An	h	Total. Add lines 1a-1	•	>	- Interpretation States of the Translation of			
			· · · · · · · · · · · · · · · · · · ·	Business Code				
Ę.	2a	Program Assessment	s		525,562.	Market control of the		
Æ	b							
<u>8</u>	С							
2	d							
E	е							
Program Service Revenue	f	All other program ser	vice revenue .					
문	g	Total. Add lines 2a-2		▶	525,562.		1	
	3	Investment income						
		and other similar amo	ounts)		728.			
	4	Income from investmen	t of tax-exempt bo	nd proceeds ►				
	5			🕨				
		•	(i) Real	(ii) Personal		50,080 (210.5)		
	6a	Gross rents			1			
	b	Less: rental expenses			1	artini Primi in in in in		
	С	Rental income or (loss)	·				0.00	
	d	Net rental income or (The Marine Marine St. Sec. (1970)	- CONTRACTOR OF THE PROPERTY O	A MEDITAL PROPERTY OF THE PROP
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			1			
	b	Less: cost or other basis				8.00.0000000000000000000000000000000000		
		and sales expenses .						
	С	Gain or (loss)			1			6.00
	ď	Net gain or (loss)		▶	The formal of the same of the three of the same of the	and the state of t		addition and a second s
		•					100000000000000000000000000000000000000	
enne	8a	Gross income from fu	ındraising					
-		events (not including \$					1.600	
æ		of contributions reporte	ed on line 1c).					
ē		See Part IV, line 18 .	a					
Other Re	b	Less: direct expenses	b					
•	С	Net income or (loss) fr	rom fundraising e	events . ►				
i	9a	Gross income from ga						
		See Part IV, line 19 .	· · · · a					
	b	Less: direct expenses	b				3.445	
	C	Net income or (loss) fr	rom gaming activ	/ities ►				
	10a	Gross sales of in						
		returns and allowance	⊱s a					
		Less: cost of goods se						
	С	Net income or (loss) fr	rom sales of inve	ntory ▶				
ļ		Miscellaneous Re	evenue	Business Code			Service Company of the Company	
	11a						1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	and the second s
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-	11d	>				
	12	Total revenue. See in	structions	🕨	526.290.			

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).

	Check if Schedule O contains a respor	ise to any question	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	362,500			
b	Legal				
C	Accounting	1,144.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	53,856.			
12	Advertising and promotion				
13	Office expenses	6,134.		····	
14	Information technology				
15	Royalties	04 704			
16	Occupancy	34,731.			
17 40	Travel	4,128.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,394.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4 007			
23	Insurance	1,397.			
24	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.)				
_	Computer/Web Site Expenses	2,123.			
a b	Printing/Photocopying	3,512.			
C	Telephone/Conference Calls	8,794.			
ď	Subscriptions/Memberships	5,044.	:		
e	All other expenses	3,210.			
25	Total functional expenses. Add lines 1 through 24e	495,967.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	100,007.			

Balance Sheet Part X (A) (B) Beginning of year End of year 1 2 213,201. 205,806. 2 3 3 Pledges and grants receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 8 8 9 9 Prepaid expenses and deferred charges . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 11 11 12 12 Investments—other securities, See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 213,201. 16 205,806. Total assets. Add lines 1 through 15 (must equal line 34) 16 25,844. 17 Accounts payable and accrued expenses 17 51,126. 18 18 108,000. 171.000. 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 196,844. 26 159,126. Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 16,357. 46,680. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 46,680. 32 Retained earnings, endowment, accumulated income, or other funds . 16,357. 32 46,680. 33 16,357. 33 205,806. 213,201.

_	4	
Page	R	4

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,967.
3	Revenue less expenses. Subtract line 2 from line 1	3			,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16	,357.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		46	,680.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				_Ц
			1.000000000000000000000000000000000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.			02.26	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓	
b	Were the organization's financial statements audited by an independent accountant?		2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accour-		2c	Contraction 50	
	If the organization changed either its oversight process or selection process during the tax year, exp	ilain in	100000		
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			學術	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

QMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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.

	(), ()	that have NOT filed Form 5768 (elec			-
		s" to Form 990, Part IV, line 5 (Prox	y Tax) or Form 990-E	EZ, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.		Employer ide	ntification number
	STRIAL ENERGY CONSUME	DC OF AMEDICA		Linployer lac	22-2466569
Part		e organization is exempt ur	oder coation 501	(c) or is a section 527	
1	_	the organization's direct and ind			organization.
2	•		-		6 0.
3	Volunteer hours				0
3	Volunteer Hours				
Part	Complete if the	e organization is exempt ur	der section 501	(c)(3).	
1		excise tax incurred by the organ			\$
2		excise tax incurred by organizat			\$
3		ed a section 4955 tax, did it file l			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part		e organization is exempt ur	nder section 501	(c), except section 501	l(c)(3).
1		ly expended by the filing orga			
	activities			\$	0.
2	Enter the amount of the	filing organization's funds cont	ributed to other org	ganizations for section	
		vities			0.
3	Total exempt function e	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
	line 17b			\$	0.
4	Did the filing organization	n file Form 1120-POL for this ye	ar?		Yes 🗸 No
5	Enter the names, address	ses and employer identification i	number (EIN) of all s	section 527 political organ	izations to which the filing
	organization made payme	ents. For each organization listed	d, enter the amount	paid from the filing organ	ization's funds. Also enter
		ontributions received that were p			
	as a separate segregated	fund or a political action comm	ittee (PAC). If addition	onal space is needed, prov	vide 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
					Hone, enter -o
(1) N/	A				
• •					
(2)					
(3)					
	 .				
(4)					
(5)					
(6)					

Page	•

Pa	rt II-A Complete if the organizat section 501(h)).	ion is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under		
Α	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
_	name, address, Env, expenses, and share of excess lobbying expenditures). Check ► ☐ if the filing organization checked box A and "limited control" provisions apply.							
E Check ► ☐ If the filing organization checked box A and filined control provisions apply. Limits on Lobbying Expenditures (a) Filing (b) Affilia								
	(The term "expenditures")	organization's totals	group totals		
1	a Total lobbying expenditures to influen	***************************************	-					
	b Total lobbying expenditures to influen							
	c Total lobbying expenditures (add lines	1a and 1b)						
d Other exempt purpose expenditures								
e Total exempt purpose expenditures (add lines 1c and 1d)								
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.								
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	t is:				
	Not over \$500,000	20% of the a	mount on line 1e.					
	Over \$500,000 but not over \$1,000,000		s 15% of the excess					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000							
	g Grassroots nontaxable amount (enter							
h Subtract line 1g from line 1a. If zero or less, enter -0								
i Subtract line 1f from line 1c. If zero or less, enter -0								
	reporting section 4911 tax for this yea					☐ Yes ☐ No		
		#hm-1	••					
	(Some organizations that r	nade a section	Period Under Sec 501(h) election do ctions for lines 2a	not have to com		,		
	Lobbyi	ng Expenditures	During 4-Year Av	eraging Period	Г			
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2								
j	b Lobbying ceiling amount (150% of line 2a, column (e))							
ı	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA

Part | Questions Regarding Compensation

Employer identification number 22-2466569

			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)			
		2503		
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		
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	✓	
			18 esp	100
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		37.45	
•	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.			
	☐ Compensation committee ☐ Written employment contract		6.9	7000
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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			S-40
	organization or a related organization:		(45) (65) (45) (45)	(C. 105)
а	Receive a severance payment or change-of-control payment?	4a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	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.			
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		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or 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		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Fo	any inc or each	Jividuals that are no Ilsted individual mu	t listed on Form 990 st equal the total amo	, Part VII. ount of Form 990, Pa	ad on Form 990, Part VII. ual the total amount of Form 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual.	1a. applicable colum	n (D) and (E) amounts	Section A. line 1a. applicable column (D) and (E) amounts for that individual.
(B) Breakdown of W-2		(B) Breakdown o	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Porticomont and		(a) (b) (c) (c) (d)	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(f) Total of columns (B)(()-(D)	(F) Compensation reported as deferred in prior Form 990
Carbonleaf, LLC, Paul Cicio	6	362,500.	Ō.	-0-	-o-	·o·	362,500.	-0-
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14	E							
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15								
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16								

Schedule J (Form 990) 2011

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled I	Forn	57 6 8		
For ea	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)	
	lobbying activity.	Yes	No	A	mount	t
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:					
a b c	Volunteers?					
d e f	Mailings to members, legislators, or the public?					
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		-1			
j 2a b	Total. Add lines 1c through 1i				eristeris.	
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<i>(E</i>)				
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	cuon		4
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	No ✓
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	(5), (or se	3 ection II-A,	line 3	
1 2	Dues, assessments and similar amounts from members	of	1		52	5,562.
a b	Current year		2a 2b			0. 0.
С	Total	-	2c			0. 0.
3 4	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the				
5	and political expenditure next year?		5		M-	0. 0.
			I-A; a	nd Parl	: II-B,	line
						*
		·				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(8) (9) (10) Employer identification number

Name of the	organization					Employer lue	nungan	IQII IIQI	mper		
INDUSTRIA	AL ENERGY CONSUMERS OF AME	RIÇA					22-	24665	69		
Part I	Excess Benefit Transactions Complete if the organization ar	(section	501(c)(3 "Yes" o) and section 501(c)(n Form 990, Part IV,	(4) organizatior line 25a or 25b	ns only). o, or Form 99	0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified person			(b) Description of transaction						(c) Con	ected.
	(a) Name of disqualmed person				(b) Description of	Tansaction				Yes	No
(1) N/A											
(2)											
(3)	00330000011111111111111111111111111111										
(4)											
(5)											
(6)											
und	er the amount of tax imposed of der section 4958						he ye 	▶ \$			
3 Ent	er the amount of tax, if any, on lin	ne 2, abo	ove, reim	bursed by the organ	ization		!	▶ \$	·		
Part II	Loans to and/or From Interest Complete if the organization are			n Form 990, Part IV,	line 26, or Forr	n 990-EZ, Pa	art V, I	ine 38	Ва.		
(a) Na	me of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance	alance due (e) In default?		by bo	proved oard or nittee?	(g) W agreei	
		То	From			Yes	No	Yes	No	Yes	No
(1) N/A	to the constitution										
(2)											
(3)				•	T						
(4)			1								
(5)	Andrew to the Control of the Control		l l								
(6)											
(7)											
(8)	ALL MANAGEMENT OF										
(9)											
(10)											
Total .											
Part III	Grants or Assistance Benefits Complete if the organization ar	i ng Inte i swered	rested P "Yes" or	ersons. n Form 990, Part IV,	line 27.						
	(a) Name of interested person	(b) R	elationship	between interested person organization	n and the	(c) Amoun	t and ty	pe of a	ıssistan	ce	
(1) N/A											
(2)											
(3)											
(4)											
(5)											
(6)											
· · · · · · · · · · · · · · · · · · ·		1									

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
			222 502	D-fiiif	res	_
Pau	Cicio/Carbonleaf LLC	Exec Director & Secretary	362,500.	Professional service fees	+	٧
					-	
						<u> </u>
						L
						<u>.</u>
V	Supplemental Information	ı de additional information for resp		an Cabadula I (ana instructio		

		-1-1-482487467-7				

			v			

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA Employer identification number 22-2466569

STATEMENT 1: PART VII, Compensation of Officers, Directors, Trustees, Key Employees
Section A: Carbonleaf, LLC in which Paul Cicio is an equity participant and by whom he is employed, provides services to Industrial
Energy Consumers of America pursuant to a management agreement for which it receives compensation. Carbonleaf, LLC, a policy
analysis and management consulting firm, provides services to other clients as well.
PART VI: GOVERNANCE, MANAGEMENT AND DISCLOSURE
Section B. Policies, Line 11: Form 990 is reviewed and signed by the Executive Director/Secretary of the organization.
Section B. Policies, Line 15: Carbonleaf, LLC and the Executive Director are under a five year contract to provide services of operating the
organization. The contract expires December 31, 2011 and was approved by the board of directors. The contract reflects the compensation
reflective of other trade association services. The annual report by the National Association of Manufacturers that shows the compensation
by other trade associations is used as a reference for compensation. Non non-IECA board of director personnel are involved.
Section C. Disclosure, Line 19: At the start of each meeting, the anti-trust policy of the organization is read aloud to the board of directors
and is acknowledged by the participants. The policy statement covers anti-trust and conflict of interest.
Part VII Section A. Officers, Directors, Trustees
(26) Ray Siada, Guardian Industries Corporation, as needed, director, -0- compensation
(27) Scott Engstrom, International Paper Company, as needed, director, -0- compensation
(28) Bruce Ray, Johns Manville, as needed, director, -0- compensation
(29) James Schneider, Kimberly-Clark Corp., as needed, director, -0- compensation
(30) Brian Henneberry, Koch Industries, Inc., as needed, director, -0- compensation
(31) Lehigh Hanson, Inc., as needed, director, -0- compensation
(32) Gary Moore, LyondellBasell, as needed, director, -0- compensation
(33) Melinda Deluca, MillerCoors, as needed, director, -0- compensation
(34) Thomas Scharff, NewPage Corp., as needed, director, -0- compensation

me of the organization IDUSTRIAL ENERGY CONSUMERS OF AMERICA 6) Mike Griffin, Ormet Corp. as needed, director, -0- compensation 7) Dave Andres, Owens Corning Corp., as needed, director, -0- compensation	Employer identification number 22-2466569
7) Dave Andres, Owens Corning Corp., as needed, director, -0- compensation	
8) Ryan Modlin, Owens-Illinois, Inc., as needed, director, -0- compensation	
9) Bill Ries, PPG Industries, as needed, director, -0- compensation	
0) Bob Tonti, Rain CII Carbon, LLC, as needed, director, -0- compensation	
1) Carl Simpson, Riceland Foods, Inc., as needed, director, -0- compensation	
2) Chris Brescia, RockTenn, as needed, director, -0- compensation	
3) John Morrone, Saint-Gobain Corp, as needed, director, -0- compensation	
4) Dave Kucharski, SGL Carbon, LLC, as needed, director, -0- compensation	
5) Martha Gibbons, SSAB, as needed, director, -0- compensation	
6) Peggy Claytor, The Timken Company, as needed, director, -0- compensation	
7) Scott Salmon, US Steel Corp., as needed, director, -0- compensation	
8) Al Zucco, USG Corp., as needed, director, -0- compensation	

Form **8868**

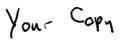
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

e If you a	are filing for an Automatic 3-Month Extension,	complete (only Part I and check th	IS DOX	، ، خاصات	 [a]	🗀
• If you a	are filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Pa	art II (on page 2 of	tnis i	iomi). lod Forn	n 9969
	complete Part II unless you have already been						
a corpor	nic filing (e-file). You can electronically file Form ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of the	ial (not auto forms liste Il Benefit (omatic) 3-month extensi d in Part I or Part II wit Contracts, which must	h the exception of be sent to the IF	Forr	n 8870, paper	Information format (see
Part I	Automatic 3-Month Extension of Time						
A corpo	ration required to file Form 990-T and reque	sting an a	utomatic 6-month exte	ension-check this	s box	x and c	complete
Part Lon	dv						▶ 📙
All other	corporations (including 1120-C filers), partnersh	nips, REMIC	Cs, and trusts must use	Form 7004 to requ	ıest a	an exten	sion of time
	come tax returns.	•					
			En	ter filer's identifying	g num	iber, see	instructions
T	Name of exempt organization or other filer, see in	nstructions.		Employer identif	icatio	n numbe	r (EIN) or
ript INDUSTRIAL ENERGY CONSUMERS OF AMERICA 22-2466569							
-	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)						
File by the							
filing your	due date for 1133 th FEET 1133 the FEET 1133						
return. See instruction	retum. See						
							. 0 1
Applica	ation	Return	Application		•		Return
Is For		Code	Is For				Code
Form 9	90	01	Form 990-T (corporati	on)			07
Form 9		02	Form 1041-A				08
Form 9		01	Form 4720	Form 4720			
Form 9		04	Form 5227				10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870		· .		12
Teleph • If the c	none No. 202.223.1661 Diagramization does not have an office or place of but some an arrow of the formula of the companization of th	 ousiness in ur digit Gro	up Exemption Number ((GEN)		If ti	▶ □
for the w	whole group, check this box	it is for par	t of the group, check th	IS DOX		anu a	llacii
a list wit	h the names and EINs of all members the extens	ion is for.	in-de-file Comp 000	T) extension of ti		·····	
	request an automatic 3-month (6 months for a c	orporation	required to lile rolls 330	o-i/extension of the	hove	The ex	tension is
	ntil August 15 , 20 12 , to file the exe	utht otasur	zation return for the org	ailization hanseu a	DOVC.	. IIIO OX	toriolori io
	or the organization's return for:						
•	► ☑ calendar year 20 <u>11</u> or						
>	► ☐ tax year beginning the tax year entered in line 1 is for less than 12 i	, 20	, and ending			, 20	
	Change in accounting period				urn		
	this application is for Form 990-BL, 990-PF, 99 onrefundable credits. See instructions.	0-T, 4720,	or 6069, enter the tenta	tive tax, less any	3a	\$	0
	this application is for Form 990-PF, 990-T,	4720, or 6	069, enter any refund	able credits and			
е	stimated tax payments made. Include any prior	year overpa	lyment allowed as a cre	dit.	3b_	\$	0
E	Salance due. Subtract line 3b from line 3a. Includ FTPS (Electronic Federal Tax Payment System).	See instru	ctions.		3c	\$	0
Caution.	If you are going to make an electronic fund withdrawa	with this Fo	rm 8868, see Form 8453-E	O and Form 8879-E	O for	payment	instructions.



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2010 cale	endar year, or tax year beginning , 2010, and ending	3	_	, 20
В	Check if	applicable:	C Name of organization INDUSTRIAL ENERGY CONSUMERS OF AMERICA		D Emplo	yer identification number
	Address	change	Doing Business As			22-2466569
	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Teleph	one number
	Initial ret	-	1155 FIFTEENTH STREET, NW	500		202.223.1661
	Terminat	ted	City or town, state or country, and ZIP + 4			
亓	Amende		WASHINGTON, DC 20005		G Gross	receipts \$ 580,637.
百		ion pending	F Name and address of principal officer: Paul Cicio	H(a) is this	a aroun refun	n for affiliates? Yes No
	, ippea	po	1155 Fifteenth St. NW, Washington, DC 20005			included? Yes No
	Tay-aver	mpt status:	501(c)(3)	_		a list. (see instructions)
: J	Website			_		n number
		-	☐ Corporation ☐ Trust ☑ Association ☐ Other ► L Year of forma			e of legal domicile: DC
	art I	Summ	· · · · · · · · · · · · · · · · · · ·	LIGH: ZOOO	I M Otati	e or regar dornione. Do
	_		 	moto the av	ailabilitu e	of dependence ones
	1	-	escribe the organization's mission or most significant activities: To pro		anabinty (or dependable, cost
9	ŀ	emcient	energy supplies, so as to maintain U.S. industries' contribution to economic	growui.		*************
Activities & Governance						
ern						
Š			is box ► ☐ if the organization discontinued its operations or disposed of more than 25%			1
8			of voting members of the governing body (Part VI, line 1a)		3_	16
S	1		of independent voting members of the governing body (Part VI, line 1b)		4	16
₹	5	Total nun	nber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0
ᅙ	6	Total nun	nber of volunteers (estimate if necessary)		6	0
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u></u>	7b	0
				Prior Ye	ar	Current Year
ത	8	Contribut	ions and grants (Part VIII, line 1h)			
Ž	l l		service revenue (Part VIII, line 2g)		352,117.	579,340.
Revenue	1	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,636.	1,297.
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			***************************************
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		353,753.	580,637.
			nd similar amounts paid (Part IX, column (A), lines 1–3)			
			paid to or for members (Part IX, column (A), line 4)			
	4	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)			· · · · · · · · · · · · · · · · · · ·
Expenses			nal fundraising fees (Part IX, column (A), line 11e)			
ĕ	1		draining evenence (Port IV, column (D), line 25)			
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24f)	a Park California (Cal	385,041.	566,144.
	l .				385,041.	· · · · · · · · · · · · · · · · · · ·
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		-31,288.	566,144.
. 10		Revenue	less expenses. Subtract line 18 from line 12	eginning of Cu		14,493. End of Year
15 Q		~	<u> </u>	egining or Go		
Net Assets or Fund Bafances	20		ets (Part X, line 16)		249,558.	213,201.
声	21		lities (Part X, line 26)		247,694.	196,844.
			s or fund balances. Subtract line 21 from line 20		1,864.	16,357.
	rt II		ure Block			
			y, I declare that I have examined this return, including accompanying schedules and statemete. Declaration of preparer (other than officer) is based on all information of which preparer is			ny knowledge and belief, it is
LTLIK	e, correct,	, and comple	ster, pedalation of preparer (other than officer) is based on air morniation of which preparer	ias ariy Kilowi	euge.	
Sig		Signa	tture of officer	Da	te	
He	re	 				
		7	or print name and title			
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	9	Check [if PTIN
	eparer	Rebecc	a Bayless		self-emp	
	e Only		ame ➤ Rebecca J. Bayless	Firm	ı's EIN ➤	571-231962
		Firm's ac	idress ► PO Box 265, Carmel Valley, CA 93924	Pho	ne no.	831.659.3437
Vlay	the IR	S discuss	this return with the preparer shown above? (see instructions)			Yes 🗸 No
						

	Page 2
	. 🗆
Yes	☑ No
Yes	☑ No
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on fed tions n Legis	

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: To promote the availability of dependable, cost efficient energy supplies, so as to maintain U.S. industries' contribution to economic growth.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 566,144.

Part 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		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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	1	
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	·	1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		√
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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		✓
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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, Parts II and IV.	15	-	✓
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		✓
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 (see instructions)	17		✓
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		✓
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 Did the appropriate schedule Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
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)	20b		

Part	Checklist of Required Schedules (continued)			
•			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		1
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		1
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	1	
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		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
đ 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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):	10 (S)		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		√
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		1
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		√
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			,
38	Part VI	37	1	√
	10. Header and one more and required to complete sense of the control of the cont	1 00	000	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Oncorn Contiduc C Contains a response to any question in this care viv		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2000	SCHOOL SE	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-	.†		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			550 75
	reportable gaming (gambling) winnings to prize winners?	1c	1	1 travel West
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	44564625	5550000
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	30000000000000000000000000000000000000	1 2002
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ا
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			t
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			90000
J	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 •
C	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	30	 	
Va	organization solicit any contributions that were not tax deductible?	6a	ł	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		+
D		6b		
7	gifts were not tax deductible?	300	5380450	1997133
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	355505C	√
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
С	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	10	C5501000	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- 600 km disk	- 1820 ASO - 1
_	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?.	7f	 	1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	33433	323	\$4,00
o	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		98,00
^	Sponsoring organizations maintaining donor advised funds.	0		
9	Did the organization make any taxable distributions under section 4966?	9a		5200
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
ь 10	Section 501(c)(7) organizations. Enter:		420	5.00
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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		
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	145040000000000000000000000000000000000	95286FG
а	Note. See the instructions for additional information the organization must report on Schedule O.		X 6000	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	100000000000000000000000000000000000000	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	· · · · · · · ·	<u> </u>
Ų	in 100, has a filed a committee of the file and a supplier of the file of the		 	

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in	Scne	eaule
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			· 🔨
Secti	on A. Governing Body and Management	- 1	Yes	No
	The state of the second of the	40000000	res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16 Enter the number of voting members included in line 1a, above, who are independent 1b 16			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
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 governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1963031045674	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			2000
a	The governing body?	8a	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	√	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
<u> </u>	on b. Policies (This Section B requests information about policies not required by the internal revent		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such			-
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	. 1		
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	40-	,	
40		12c	✓ .	
13	Does the organization have a written whistleblower policy?	14		y
14 15	Did the process for determining compensation of the following persons include a review and approval by	14		V
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	√	REPRESENT
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 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?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►		A ~	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	liabie
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	i inter	pet n	olicy
13	and financial statements available to the public.	111101	oor b	Jiioy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Paul Cicio, 1155 Fifteenth St, NW, Washington, DC 20005			

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Pane	- 4

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees,
	and Independent Contract	ors					

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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	individual tr	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Ray Ratheal, Eastman Chemical Co.	> 5 hours							-0-	-0-	-0-
PO Box 431, Bldg 470, Kingsport, TN 37662	× 0 110013			✓						
(2) Irene Kowalczyk, MWV Corp.	> 5 hours							-0-	-0-	-0-
299 Park Ave, 13th Fir, New York, NY 10171	> 3 HOGI 3			✓					<u> </u>	
(3) Scott Salmon, United States Steel Corp.	> 5 hours							-0-	-0-	-0-
901 K Street, NW, #1250, Washington, DC 20001	/ 3 Hours			✓				-	-0-	
(4) Paul Cicio, CarbonLeaf, LLC	20 + hours				ĺ			297,500.	-0-	-0-
1155 15th St, #500, Washington, DC 20005	20 + 110u15			\				237,300.	-0-	
(5) Compensation Reported as Management	j									
Contract Fee/Consultant - See Statement 1					<u> </u>					
(6) Officers & directors, as a group serve							•			
without compensation, except as noted										
(7) Al Musur, Abbott Laboratories	ac maadad							-0-	-0-	-0-
200 Abbott Park Rd, Abbott Park, IL 60064	as needed	✓						-0-	-0-	-0-
(8) Darren MacDonald, Gerdau Ameristeel Corp.	ac poodad							-0-	-0-	-0-
1801 Hopkins St, South, Whitby, ON L1N5T1 Cana	as needed	\				İ		-0-		
(9) Martha Gibbons, SSAB North American Divisi	oc mooded							-0-	-o-	-0-
615 South Oakland St, Arlington, VA 22204	as needed	✓						-0-	-0-1	
(10) Rod Williamson, Dow Corning Corp.	an mandad							-0-	-0-	-0-
PO Box 0994, Mail #142, Midland, MI 48686	as needed	✓						-0-	-0-	
(11) Patrick Jackson, Corning Inc.	as paoded							-0-	-0-	-0-
One Riverfront Plaza, Corning, NY 14831	as needed	✓						-0-	-0-	-0-
(12) Dana Byrne, Cliffs Natural Resources	ac maadad							-0-	-0-	-0-
1100 Superior Ave. #1500, Cleveland, OH 44114	as needed	✓				,		-0-	-0-	
(13) Peggy Claytor, The Timken Co.								-0-	-0-	-0-
1835 Dueber Ave, SW, Canton, OH 44706	as needed	✓						-0-	-0-	-0-
(14) Jerry Prout, FMC Corp.	as needed							-0-	-0-	-0-
1101 Pennsylvania Ave, NW #325, Wash DC	as needed	✓						-0-	-0-	
(15) Rosemary O'Brien, CF Industries	as needed							-0-	-0-	-0-
1401 I St, NW #340, Washington, DC 20005	as needed	✓					L	-0-	-0-	
(16) Ray Siada, Guardian Industries Corp	as needed							-0-	-0-	-0-
2300 Harmon Rd, Auburn Hills, MI 48326	us necucu	✓					Ц			

Part	VII Section A. Officers, Directors, Tru	stees, Key	Emple	oyee	es, a	and	Highe	est :	Compensated	Employees (co	ntinued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per					that ap		Reportable compensation	Reportable compensation from	1
		week (describe	Individual trustee or director	nstit.	Officer	Key employee	High Bright	Former	from the	related organizations	other compensation
		hours for	dual ecto	tion	*	in pla	st co	9	organization	(W-2/1099-MISC) from the
		related organizations	T true	alt		oyee	ğ		(W-2/1099-MISC)		organization and related
		in Schedule	6	Institutional trustee		Ü	Highest compensated employee				organizations
		O)	<u> </u>	"			8				
3	cott Engstrom, International Paper	as needed							-0-	-4)- -0-
	Poplar Ave, Memphis, TN 38197		1	ļ	_	-					
	atherine Haggett, Koch Industries, Inc. hth St, NW, #800, Washington, DC 20005	as needed	1		İ				-0-	-(-0-
(19)			-					-			<u> </u>
7											
(20)											
(21)											
(0.0)				<u> </u>							
(22)		-		:							
(23)		<u> </u>						<u> </u>			
32/		†									
(24)											
								<u> </u>			
(25)								İ			
(00)								ļ			
(26)		-									
(27)				-						•	
3=:2											
(28)											
		<u> </u>									
1b	Sub-total	 M. O		•	•		٠	>	297,500.		<u> </u>
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			-	-		•		297,500. 297,500.		
	Total number of individuals (including but	not limited			· list	ed a	above) w		re than \$100.0	000 in
_	reportable compensation from the organi							,			
											Yes No
3	Did the organization list any former of							mp	loyee, or high	est compensa	Stranger and to American Stranger and the Control of the Control o
_	employee on line 1a? If "Yes," complete s										· 3 🗸
4	For any individual listed on line 1a, is the organization and related organizations	sum of reported the	oonas an \$1	oie (150 (COM	per 7 <i>If</i>	isalio "Yes	na: °."	na ouner comp complete. Sch	ensauon nom edule J for si	uie Joh
	individual							., 			. 4 🗸
5	Did any person listed on line 1a receive of									ation or individ	lual
	for services rendered to the organization	? If "Yes," c	omple	ete .	Sch	edu	le J f	or s	uch person		. 5 🗸
Section	on B. Independent Contractors										100.000
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	lepe	ende	ent (contra	acto	ors that receive	ed more than \$	100,000 of
	•								/P\		(C)
	(A) Name and business add	ress							(B) Description of s	ervices	Compensation
									•		
	- 100 M										
	Total number of independent and an article	rn (innleade	سا اس	+ -	ot 1:	pp. ld	ad to	#I-	aga liatad al-	we) who	
2	Total number of independent contracto	-	_					u u	USE NSIEG ADO	SVE) WITO	

Par	VIII	Statement of Reve	nue		ST SERVING LASS LASS TO ME TO STAND AND A	il	1 10	(0)	- m
						(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 st	1a	Federated campaigns		1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .	[íр					
is, g	С	Fundraising events .	-	1c					
giff Iar	d	Related organizations		1d		an all the second			
Contributions, and other simi	е	Government grants (contri		1e		_			
ario er s	f	All other contributions, gifts					100 000		
off in		and similar amounts not inclu	L	1f			king a samu		
ont	g	Noncash contributions included				4			
_	h	Total. Add lines 1a-1f	<u></u>		· · · · · · · ·	Name and the second second second second second second second second second second second second second second			
nue	_				Business Code			34,843,277,275 (V)	
eve	2a	Program Assessments			559,340.				
Program Service Revenue	b	Supplier Council Assess	sments		20,000.		<u> </u>		
Zi	C								
Se	đ					 			
ram	e	All allow meaning						1	
rog	f	All other program service			L	570.240			
<u>a</u>	<u>g</u> 	Total. Add lines 2a–2f Investment income (in				579,340.		l	<u> </u>
	3	and other similar amou				1,297.			
:	4	Income from investment of	,			1,237.			
	4 5		л (ах-ехен	•	· .				
	J	noyanies	(i) Real		(ii) Personal				
	6a	Gross Rents				1			
	b	Less: rental expenses							
	c	Rental income or (loss)							
	ď	Net rental income or (lo	es)						
	7a	Gross amount from sales of	(i) Securitie	\$	(ii) Other				
		assets other than inventory							Market Control
	b	Less: cost or other basis	***************************************						
		and sales expenses .							
	C	Gain or (loss)						5 (2)	20 (G.20)
	d	Net gain or (loss)				14000000000000000000000000000000000000	Wasan Charles and the control of the con-	han contra the section of the sectio	The contract of the contract o
		• • • •			,				
ĭ.	8a	Gross income from fund	draising						
Ver		events (not including \$							
ě		of contributions reported							
er		See Part IV, line 18		а					
Other Reven	b	Less: direct expenses		b					
	C	Net income or (loss) from			events . 🕨				
	9a	Gross income from gam							
				а					
	b	Less: direct expenses		b					Section 2.
	C	Net income or (loss) from			vities >		8 W 10 M 10 M 10 M 10 M 10 M 10 M 10 M 10		
	10a	Gross sales of inverteurns and allowances		- 1				0.00	
				а					
	b	Less: cost of goods sold Net income or (loss) from		b weiinwe	anton.				
}	С.	Miscellaneous Reve		HIVE	Business Code				
ŀ	110	ivisceiditeous nevi	U. IUG		Duantesa Coue				
	11a								<u> </u>
	b								
Ì	d	All other revenue							
	a e	Total. Add lines 11a-11	 Id	1					
Ī	12	Total revenue. See inst		•		580,637.	sees See of a second of the See See		personal transport over some first of the performance of the performan

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).

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
i	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
''	Management	298,000.			
b	Legal				W. C. C. C. C. C. C. C. C. C. C. C. C. C.
C	Accounting	585.	<u> </u>		
d e	Lobbying				
f	Investment management fees				
g	Other	20,000.			
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
16	Occupancy	22,800.			
17	Travel	3,858.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,002.			
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,397.		- ,	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
_	(A) amount, list line 24f expenses on Schedule O.) SEE STATEMENT 2	217,502.			
a b		211,302.		· · · ·	
c					
đ					
e	All other evenence				
f 25	All other expenses	566,144.			
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Р	art X	Balance Sheet	1		T
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	249,558.	2	213,201.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			a de la compania del compania de la compania del compania de la compania del la compania de la c
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
(i)		employees' beneficiary organizations (see instructions)	And the Market Security of Security Sec	6	
Assets	7	Notes and loans receivable, net		7	
AS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		32	
	b	Less: accumulated depreciation 10b	AND THE RESERVE AND AND AND AND AND AND AND AND AND AND	10c	- EDDA-CHAPTER SAN HAUSEN GAS EN DATUMAN (INSMINISTRATION) SALVANASA
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	249,558.	16	213,201.
	17	Accounts payable and accrued expenses	24,404.	17	25,844.
	18	Grants payable		18	
	19	Deferred revenue	223,290.	19	171,000.
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
bil		employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L	The second control of the second control of the second control of the second control of the second o	22	Expensive an angle devices account of devices deposits and account to the control of the
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	- " <u>-</u>	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	247,694.	26	196,844.
		Organizations that follow SFAS 117, check here ▶ ☑ and complete			
ë		lines 27 through 29, and lines 33 and 34.			
JUE	27	Unrestricted net assets	1,864.	27	16,357.
3ak	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and			
F		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	amenter menteus automati emberori (A camari et taldeus et el 2005 percela automatica (1905).	30	personal in the entremental sector and the entre
sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	1,834.	32	16,357.
<u>e</u>	33	Total net assets or fund balances	1,834.	33	16,357.
Z	34	Total liabilities and net assets/fund balances	249,558.	34	213,201.
				<u> </u>	Form 990 (2010)

Form **990** (2010)

Par					
	Check if Schedule O contains a response to any question in this Part XI	• • •	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		580),834.
2	Total expenses (must equal Part iX, column (A), line 25)	2		566	5,341.
3	Revenue less expenses. Subtract line 2 from line 1	3		14	,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,864.
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		16	3,357.
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
b	Were the organization's financial statements audited by an independent accountant?		2b		\
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	rersight ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo the udits	3b		
			Fort	m 990	(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

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

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

• 5	Section 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
INDU	ISTRIAL ENERGY CONSUME				22-2466569
Par	t I-A Complete if the	e organization is exempt un	der section 501(c) or is a section 527	organization.
1	Provide a description of t	the organization's direct and ind	rect political campa	aign activities in Part IV.	
2	Political expenditures .			▶ 9	
3	Volunteer hours				0.
Par	t I-B Complete if the	e organization is exempt un	der section 501((c)(3).	
1	Enter the amount of any	excise tax incurred by the organ	ization under sectio	on 4955 ▶ 🦠	
2	Enter the amount of any	excise tax incurred by organizati	on managers under	r section 4955 🕨 🤄	5
3	If the organization incurre	ed a section 4955 tax, did it file F	orm 4720 for this y	rear?	Yes No
4a					Yes No
<u>b</u>		IV.			1(-1(0)
	t I-C Complete if the	e organization is exempt un	der section 501(c), except section 501	i(c)(3).
1		expended by the filing organ			6 0
_	activities		ib. to a there are)
2		filing organization's funds contr	ibuted to other org	garrizations for section	6 0
_	527 exempt function activi	penditures. Add lines 1 and			·
3	lotal exempt function ex	tpenditures. Add lines i and .	z. Einei neie anu		S o
_		file Form 1120-POL for this year			Yes √ No
					— —
5	Enter the names, addresse	es and employer identification nate. For each organization listed,	enter (EIN) OI all St	ection 527 political organi naid from the filing organi	ization's funds. Also enter
	the amount of political con	its. For each organization listed, itributions received that were pro-	nmotiv and directly	delivered to a separate of	political organization, such
	as a separate segregated 1	fund or a political action commit	ee (PAC). If addition	nal space is needed, provi	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)	N/A				
(O)					
(2)					
(3)					
(4)					
(5)					
(6)			1	l	

_	-
Page	~

Pa	art II-A Complete if the organization	on is exempt	under section 50	01(c)(3) and file	ed Form 5768 (ele	ection under
	section 501(h)).					
	Check ► ☐ if the filing organization be					
B	Check ► ☐ if the filing organization cl			roi" provisions	T	
		bying Expendi			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" n				organization s totals	group totalo
1	1a Total lobbying expenditures to influence					
	b Total lobbying expenditures to influence	-				
	c Total lobbying expenditures (add lines	· ·				<u></u>
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (ad					
	f Lobbying nontaxable amount. Enter columns.	the amount	trom the following	table in both		
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 2	5% of line 1f)				
	h Subtract line 1g from line 1a. If zero or		<u>.</u>			
	i Subtract line 1f from line 1c. If zero or le					
	j If there is an amount other than zero		☐ Yes ☐ No			
	reporting section 4911 tax for this year	?				
	(Some organizations that m columns below.	ade a section See the instru	uctions for lines 2a	not have to con through 2f on p	page 4.)	•
	Lobbyin	g Expenditure	s During 4-Year A	eraging Period	· 1 · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2	2a Lobbying nontaxable amount	·· • · ·				
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2010

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	1 5768		
	telection under Section 30 (inj).		a)		(b)	
		Yes	No	A	moun	t
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:					
a b c	Volunteers?					
d e	Mailings to members, legislators, or the public?					
f g	Grants to other organizations for lobbying purposes?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV					
j 2a	Total. Add lines 1c through 1i					
b d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		c)(5),	or se	ction		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No ✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	✓	/
3 Part		;)(5),	or se	ction	∍d	, .
1 2	Dues, assessments and similar amounts from members	s of	1		57	9,340.
a	Current year		2a 2b			0. 0.
C	Total		2c			0.
3 4	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 o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	f the	3			0.
5	and political expenditure next year?		5			0. 0.
Part		<u> </u>	, ,	L		<u> </u>
Comp	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lete this part for any additional information.	and f	Part II-	B, line	1i. Al	so,
						

SCHEDULE J (Form 990)

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. 990. ► See separate instructions. ➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDUSTRIAL ENERGY CONSUMERS OF AMERICA

Employer identification number

22-2466569

Part	Questions Regarding Compensation			
		Focus res	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Form		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use)		
	☐ Travel for companions ☐ Payments for business use of personal residence	e		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			9/383/I
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
			2.0	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pay	/ment		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part	III to		
	explain	· 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all of	icers,		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	- 2	/	
				0.000
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.			
	☐ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			10.00
	Form 990 of other organizations Approval by the board or compensation commit	tee		
	·			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			(E)
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization	tion? 4a	<u> </u>	√
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	· -		√
С	Participate in, or receive payment from, an equity-based compensation arrangement?	. <u>4c</u>	AND CHARLES OF THE	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	. [
				$(\hat{p}_{i},\hat{p}_{i})$
	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?	. <u>5a</u>		ļ
b	, ,	. . 5b	AR SZESSÍVERS	6 9590system
	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		1	
	compensation contingent on the net earnings of:			
а	The organization?	. <u>6a</u>	_	
b	Any related organization?	6b	96 S0834006S	Market Sanar
	If "Yes" to line 6a or 6b, describe in Part III.	e		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non		1	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	-	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subjective and the subject of	ect		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," de-			
	in Part III	. · <u>8</u>	 	+
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ			
	Regulations section 53.4958-6(c)?	9	l .	1

Page 2

Schedule J (Form 990) 2010

Partil 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)(f)-(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	3 compensation	(C) Betirement and	oldevetool (A)	(F) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Carbonleaf LLC Paul Cicio	8	297,500.	Ģ	·0-	-0-	¢	297,500.	299,000.
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	8						3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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15	€							
	=							
16	(
							Sch	Schedule J (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

22-2466569

	RIAL ENERGY CONSUMERS OF AME									-		
Part	Excess Benefit Transactions Complete if the organization ar	(section nswered	501(c)(3) "Yes" on	and section 501(c)(Form 990, Part IV,	4) organiz line 25a o	ations only r 25b, or Fo). orm 990)-EZ,	Part \	/, line	40b.	
					(h) Decarin	tion of transac	tion				(c) Con	ected?
1	(a) Name of disqualified person				(b) Descrip	uon or transac					Yes	No
(1) N	VA											
(2)												
(3)					****							
(4)												
(5)												
(6)				<u> </u>	4151)		7 al					
	Enter the amount of tax imposed under section 4958					persons u	 		> \$ > \$			
Part I	Loans to and/or From Interes Complete if the organization a	sted Per	sons. "Yes" on	Form 990, Part IV,	line 26, or	Form 990-	EZ, Pa	rt V, li	ne 38	a.		
(a) Name of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Ba	lance due	(e) in d	efault?	(f) App by bo comm	ard or	(g) W agreei	ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1) N	I/A											
(2)												<u> </u>
(3)												
(4)												
(5)							<u> </u>					
(6)												
(7)												
(8)		1		·								
(9)												ļ
(10)							To a Total Common Description	- venerozoeko		dalan salan salan salah s	seemtowakeersty	100200000000000000000000000000000000000
otal				▶\$	<u> </u>							
Part I	Grants or Assistance Benefit Complete if the organization as	ing Inte	rested Pe "Yes" on	ersons. Form 990, Part IV,	line 27.	*****						
	(a) Name of interested person	(b) R	elationship l	between interested perso organization	n and the	(c)	Amount	and ty	oe of a	ssistan	ce	
(1) N	VA											
(2)						·-						
(3)												
(4)										,		
(5)												
(6)												
(7)				· · · · · · · · · · · · · · · · · · ·								
(8)												
(9)												
(10)										.,		

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. nswered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
(4) De	ul Cicio/Carbonleaf LLC	Exec Director & Secretary	297.500.	Professional service fees	169	1
(1) Pa	di Ciclo/Carboniear LLC	Exce Director & Secretary	201,001			
(3)						
(4)						
(5)						<u> </u>
(6)					 	
(7) (8)	Market.				<u> </u>	
(9)						
(10)						
Part V	Supplemental Information Complete this part to provide	additional information for re	sponses to question	ns on Schedule L (see instruction	ons).	
=======================================						
***************************************			**************************************			
**						
						-
					· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990 or 990-EZ

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

20**10**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

22-2466569 INDUSTRIAL ENERGY CONSUMERS OF AMERICA STATEMENT 1: PART VII, Compensation of Officers, Directors, Trustees, Key Employees Section A: Carbonleaf, LLC in which Paul Cicio is an equity participant and by whom he is employed, provides services to Industrial Energy Consumers of America pursuant to a management agreement for which it receives compensation. Carbonleaf, LLC, a policy analysis and management consulting firm, provides services to other clients as well. STATEMENT 2: PART IX - Expenses, line 24a \$ 2,225 Bank charges and merchant credit card fees \$ 1,690 Printing and copying \$ 3,270 Office equipment and supplies **Dues and subscriptions** \$ 6,698 \$ 421 Courier and postage \$ 278 Corporate fees \$155,812 Research study fees Word processing and secretarial fees \$ 39,201 Telephone, conference calls and other comm. \$ 7,907 \$217,502 **TOTAL LINE 24A** PART VI: GOVERNANCE, MANAGEMENT AND DISCLOSURE Section B. Policies, Line 11: Form 990 is reviewed and signed by the Executive Director/Secretary of the organization. Section B. Policies, Line 15: Carbonleaf, LLC and the Executive Director are under a five year contract to provide services of operating the organization. The contract expires December 31, 2011 and was approved by the board of directors. The contract reflects the compensation reflective of other trade association services. The annual report by the National Association of Manufacturers that shows the compensation by other trade associations is used as a reference for compensation. Non non-IECA board of director personnel are involved Section C. Disclosure, Line 19: At the start of each meeting, the anti-trust policy of the organization is read aloud to the board of directors

and is acknowledged by the participants. The policy statement covers anti-trust and conflict of interest.

990-E7

Short Form **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)

2009

OMB No. 1545-1150

Open to Public Inspec<u>tion</u>

Department of the Treasury

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

2009, and ending

A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: Please use IRS 22-2466569 Address change Industrial Energy Consumers of America label or E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Name change print or Initial return type. 500 202-223-1661 See Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Number > Washington, DC 20005 Application pending G Accounting Method: Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Other (specify) ▶ a completed Schedule A (Form 990 or 990-EZ). H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, I Website: ▶ J Tax-exempt status (check only one) — ☐ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 352,117 Membership dues and assessments . . . 3 1,636 4 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Revenue 6 Gross revenue (not including \$ of contributions 6b Less: direct expenses other than fundraising expenses b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 C Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe 8 353,753 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 10 Grants and similar amounts paid (attach schedule) 10 11 11 12 Salaries, other compensation, and employee benefits 12 299.000 Professional fees and other payments to independent contractors . 13 13 18,930 14 14 2,193 15 15 64,918 Other expenses (describe

SEE ATTACHED SCHEDULE 16 16 385,041 17 17 -31,288 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 33,152 19 20 Other changes in net assets or fund balances (attach explanation) 20 1.864 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (B) End of year (See the instructions for Part II.) (A) Beginning of year 181,803 22 249,558 Cash, savings, and investments 22 23 23 24 Other assets (describe > 24 181,803 25 249.558 25 Total assets 148,651 247,694 26 26 Total liabilities (describe ▶ 1,864 33,152 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Cat. No. 106421

Part	III Statement of Program Service Accomp	lishments (See the instru	ctions for Part III.	.)		Expenses
What	is the organization's primary exempt purpose?	SEE STATEMENT 1 ATTACH	ED			red for section
Doscr	the what was achieved in carrying out the organic	nization's exempt purpos	es. In a clear an	d concise		3) and 501(c)(4) zations and section
mann	er, describe the services provided, the number of	persons benefited, and o	ther relevant infor	mation for)(1) trusts; optional
each	program title.				for oth	
	Organized energy workshops. Testified before Congr	ess on natural gas issues. In	tervened at the Fed	leral		
20	Energy Regulatory Commission on natural gas price	manipulation issues. Interve	ned at the EPA and	the Dept		
	of Interior on coal and natural gas issues.					
-	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ 🗆	28a	
29	Cirants v ,					
20						
15	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ □	29a	
30	(crains 4					
9.						
S-	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ ⊔	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ 📙	31a	
32	Total program service expenses (add lines 28a t	nrough 31a)	<u> </u>		32	tings for Dort IV/
Part	IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	(d) Contribution	Instruc	(e) Expense
-	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	t plans &	account and
	(a) Name and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
	Ratheal, Eastman Chemical Co.	Chair, less than 5 hrs				-0-
РО В	ox 431, Bldg 470, Kingsport, TN 37662	,	-0-		-0-	-0-
	Kowalczyk, MWV Corp.	Vice Chair, less than 5 hrs			-0-	-0-
299 F	Park Ave, 13th Fir, New York, NY 10171		-0-		-0-	-0-
	Salmon, United States Steel Corp.	Treasurer, less than 5 hrs	-0-		-0-	-0-
	(Street, NW, #1250, Washington, DC 20001		-0-		-0-	
	Cicio, CarbonLeaf, LLC	Secretary/Exe Dir 20 hrs +	-0-		-0-	-0-
	15th St, #500, Washington, DC 20005		-0-		-0-	
	pensation Reported as Management Contract		299,000		-0-	-0-
	Consultant		299,000		U	
OFFI	CERS & DIRECTORS, AS A GROUP SERVE	SEE STATEMENT 2	-299,000		-0-	-0-
	HOUT COMPENSAION, EXCEPT AS NOTED		-233,000			
	usur, Abbott Laboratories	Director, as needed	-0-		-0-	-0-
	Abbott Park Rd, Abbott Park, IL 60064		-0			
	en MacDonald, Gerdau Ameristeel Corp.	Director, as needed	-0-		-0-	-0-
	Hopkins St, South, Whitby, ON L1N5T1 Canada					-
	ha Gibbons, SSAB North American Division	Director, as needed	-0-		-0-	-0-
	South Oakland St, Arlington, VA 22204					
	Williamson, Dow Corning Corp.	Director, as needed	-0-		-0-	-0-
	30x 0994, Mail #142, Midland, MI 48686					10-2-011
	ick Jackson, Corning Inc. Riverfront Plaza, Corning, NY 14831	Director, as needed	-0-		-0-	-0-
	a Byrne, Cliffs Natural Resouces					
	Superior Ave. #1500, Cleveland, OH 44114	Director, as needed	-0-		-0-	-0-
	gy Claytor, The Timken Co.					
	5 Dueber Ave, SW, Canton, OH 44706	Director, as needed	-0-		-0-	-0-
_	y Prout, FMC Corp.					
	Pennsylvania Ave, NW #325, Washington, DC 20004	Director, as needed	-0-		-0-	-0-
	emary O'Brien, CF Industries					
	I I St, NW #340, Washington, DC 20005	Director, as needed	-0-		-0-	-0-
	Siada, Guardian Industries Corp	B. C. C. C. C. C. C. C. C. C. C. C. C. C.				
) Harmon Rd, Auburn Hills, MI 48326	Director, as needed	-0-	-	-0-	-0-
	tt Engstrom, International Paper	Director on pended				
	D Poplar Ave, Memphis, TN 38197	Director, as needed	-0-	-	-0-	-0-
	nerine Haggett, Koch Industries, Inc.	Director, as needed			620	_
	14th St, NW, #800, Washington, DC 20005	Director, as necaeu	-0		-0-	-0- m 990-EZ (2009)
					For	m 330-EZ (2009)

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes" has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No. of the last of
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	071		1
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization file rom, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			26
а	Initiation fees and capital contributions included on line 9			
b	Caross receipts. Included on line 3, for public doo of olds received			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
	section 4911 ►; section 4912 ►; section 4955 ►; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year or is it 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.	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶		12.00	
42a	The organization's books are in care of ▶ The Association Telephone no. ▶		005	
	Located at ► 1155 15th St, Suite 500, Washington, DC ZIP + 4 ►	200		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ves	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	1
		120		
	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.			
10-E-v-	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
С	If "Ves" enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		÷	
40	and enter the amount of tax-exempt interest received or accrued during the tax year		03100	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
-1-1	Form 990-FZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes." Form 990 must be completed instead of Form 990-EZ	45		✓
	Fr	rm 99	U-EZ	(2009)

TOITH 990	U-LZ (Z								
Part \		Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	u 51.						
46	Did t	he organization engage in direct or indirect	political campaigr	activities or	n behalf of c	r in opposition to)	Yes	No
	cand	lidates for public office? If "Yes," complete S	Schedule C, Part I				46		
47	Did t	he organization engage in lobbying activities	? If "Yes," comple	te Schedule	C, Part II		47		
48	Is the	e organization a school as described in sectio	n 170(b)(1)(A)(ii)? If	"Yes," compl	lete Schedul	eE	48		
49a	Did t	he organization make any transfers to an ex	empt non-charitab	le related org	ganization?		49a		
b	If "V	es " was the related organization a section 5	27 organization?				49b		
50	Com	plete this table for the organization's five his	ahest compensate	d employees	(other than	officers, directors	s, truste	es an	d key
	empl	loyees) who each received more than \$100,0	000 of compensation	on from the o	organization.	If there is none,	enter "N	ione.	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and aver hours per wee devoted to posit	k	Compensation	(d) Contributions to employee benefit plan deferred compensation	s& ac	Exper count a r allowa	and
N/A									
					0.001.000				
							1		(a. m. 4)
f	Tota	Il number of other employees paid over \$100	ا						
51	Com \$100	nplete this table for the organization's five 0,000 of compensation from the organizatio	n. If there is none,	enter "None.					
		(a) Name and address of each independent contractor	paid more than \$100,00	10	(b) T	ype of service	(c) Co	mpens	ation
N/A									
								-	
				10.1101					
			b receiving eve	£100 000					
d	Tota	al number of other independent contractors	each receiving ove	ι φ100,000	,				
		Under penalties of perjury, I declare that I have examin	ad this return, including	accompanying	schedules and	statements, and to the	best of m	ny know	vledge
		Under penalties of perjury, I declare that I have examinated and belief, it is true, correct, and complete. Declaration	of preparer (other than	officer) is based	on all informat	ion of which preparer h	nas any ki	nowled	ge.
	1								
Sign		Signature of officer		A STATE OF THE STA		Date			
Sign Here	•								
	•	Paul Cicio, Secretary & Executive Direct	or				000000		
		Paul Cicio, Secretary & Executive Director Type or print name and title	or						01002 44
Here		Type or print name and title	or	Date	Check if	Preparer's identifying	g number (S	See instri	uctions)
Here Paid			or	Date	colf_	Preparer's identifying	g number (S	See instru	uctions)
Paid Prepa	arer's	Type or print name and title Preparer's signature Firm's name (or Rebecca J. Bayless	or	Date	self- employed ▶		g number (\$ 571-2 3		uctions)
Here Paid	arer's	Type or print name and title Preparer's signature		Date	self- employed ▶	7		1962	uctions)

Industrial Energy Consumers	of America	FIN 22-2466569
Form 990-EZ		
Part I - Expenses, Line 16		
Director Liability Insurance	1,385	
Bank Charges & Credit Card Fees	1,550	
Office Equipment & Supplies	8,604	
Dues & Subscriptions	8,523	
Meeting & Travel Expenses	6,547	
Web Site Expense	363	
Corporate Fees	270	
Accounting Fees	653	
Word Processing & Secretarial Fees	30,012	
Telephone & Conference Calls	7,011	
Total, Line 16	64,918	

FORM 990

Statement of Organization's Primary Exempt Purpose PART III

Statement 1

Explanation

TO PROMOTE THE AVAILABILITY OF DEPENDABLE, COST EFFICIENT ENERGY SUPPLIES, SO AS TO MAINTAIN U.S. INDUSTRIES CONTRIBUTION TO ECONOMIC GROWTH.

FORM 990

Footnotes

Statement 2

PART IV - LIST OF CURRENT OFFICERS, DIRECTORS, ETC.

CARBONLEAF, LLC IN WHICH PAUL CICIO IS AN EQUITY PARTICIPANT AND BY WHOM HE IS EMPLOYED, PROVIDES SERVICES TO INDUSTRIAL ENERGY CONSUMERS OF AMERICA PURSUANT TO A MANAGEMENT AGREEMENT FOR WHICH IT RECEIVES COMPENSATION. CARBONLEAF, LLC, A POLICY ANALYSIS AND MANAGEMENT CONSULTING FIRM, PROVIDES SERVICES TO OTHER CLIENTS AS WELL.

Form **8868** (Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

Internal Reven										
a If you a	e filing for an Automatic 3-Month Extension, complete only Part I and check this box e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (omplete Part II unless you have already been granted an automatic 3-month extension on a property of the complete Part II unless you have already been granted an automatic 3-month extension on a property of the complete Part II unless you have already been granted an automatic 3-month extension on a property of the complete Part II unless you have already been granted an automatic 3-month extension on a property of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check this box as a fine of the complete part II and check the complete part II and check the complete part II and check this box as a fine of the complete part II and check the check the complete part II and check the	n page 2 of reviously file	this form).							
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	iea).								
Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension—check		🗆							
time to file	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 income tax returns.									
one of the	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autority returns noted below (6 months for a corporation required to file Form 990-T). However, ally if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms a composite or consolidated Form 990-T. Instead, you must submit the fully completed and more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	990-BL, 60 d signed pag or Charities 8	169, or 8870, group ge 2 (Part II) of Form & Nonprofits.							
Type or	Name of Exempt Organization	Employer id	entification number 2466569							
print Industrial Energy Consumers of America 22 : File by the due date for due dat										
							filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
							instructions.	Washington, DC 20005		
Chook tu	pe of return to be filed (file a separate application for each return):									
☐ Form			Form 4720							
			Form 5227							
	[Form 6069							
Form		3	Form 8870							
☐ Form	990-PF									
Telepho If the o If this is for the what is the with	ne No. ► (202) 223-1661 FAX No. ► () reganization does not have an office or place of business in the United States, check this of for a Group Return, enter the organization's four digit Group Exemption Number (GEN) on the group, check this box ► □ . If it is for part of the group, check this box	box ▶ [► □ If this is _ and attach							
unti	quest an automatic 3-month (6 months for a corporation required to file For August 15, 20, 10, to file the exempt organization return for the organization	named abov	ve. The extension is							
for t	he organization's return for:									
>	calendar year 20_09_or		. 20							
>	tax year beginning, 20, and ending		,,							
2 If th	is tax year is for less than 12 months, check reason: Initial return Final return [☐ Change i	in accounting period							
less	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax any nonrefundable credits. See instructions.	Sa	\$							
h If th	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ments made. Include any prior year overpayment allowed as a credit.	3b	\$							
D.1	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer	IL STATES								
Svs	tem). See instructions.	30								
Caution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO and	Form 8879-EO							