Return of Organization Exempt From Income Tax

OMB No 1545-0047 2010

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 07/01/, 2010, and ending 06/30/Check (f applicable C Name of organization CLEAN AIR COUNCIL D Employer identification number 23-1683461 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 300 215-567-4004 135 S 19TH STREET Initial return City or town, state or country, and ZIP + 4 Terminated PHILADELPHIA 19103 G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Application Name and address of principal officer. pendino JOSEPH MINOTT Yes X No C/O CLEAN AIR COUNCIL H(b) Are all affiliates included? X 501(c)(3) 501(c) (Tax-exempt status) < (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.cleanair.org H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other • L Year of formation 1967 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities. TO PROTECT EVERYONE'S RIGHT TO IT SUPPORTS THIS MISSION THROUGH EDUCATION AND BREATHE CLEAN AIR. WASTE REDUCTION, ENERGY Activities & Governance OUTREACH UNDER 6 PROGRAM AREAS: AIR OUALITY, TRANSPORTATION, INDOOR AIR OUALITY, AND GLOBAL WARMING. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 15. 3 Number of voting members of the governing body (Part VI, line 1a) 15. 4 Number of independent voting members of the governing body (Part VI, line 1b) 59. 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 35. 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,038,923 1,188,450. 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) 33 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -15,832 -47,636. 1,023,124 1,140,819. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 708,698 689,942. 16a Professional fundraising fees (Part-IX), column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) 91,531. 212,663 263,315. 953,257. 921,361. 187,562. 19 Revenue less expenses Subtract line 18 from line 12 101,763. Beginning of Current Year End of Year 20 Total assets (Part X, line 16 538,456. 790,735. 69,361 129,121. 21 Total liabilities (Part X, line 26) 469,095. 661,614. 22 Net assets or fund balances Subtract line 21 from line 20 လ Part II Signature Block Under penalties of penury/I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct O Sign Here CO Pai Signature of officer ∡Ďate Executive JOSEPH O. MINOTI Type or print name and title Date Check X If Print/Type preparer's name Preparer's signature PTIN Paid NANCY J NICOLETTI P01275539 self-employed Preparer Firm's name ▶ NANCY J NICOLET Firm's EIN ▶ 23 - 3061605 1851 BERKS ROAD Use Only Firm's address ▶ 610-222-9969 EAGLEVILLE PA 19403 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

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Form 990 (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

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CLEAN AIR COUNCIL 23-1683461 Page 2 Form 990 (2010) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: CLEAN AIR COUNCIL IS A PUBLICLY SUPPORTED ENVIRONMENTAL ORGANIZATION SERVING PENNA & DELAWARE. IT IS DEDICATED TO PROTECTING AND DEFENDING EVERYONE'S RIGHT TO BREATHE CLEAN AIR. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program Yes 🕅 No services? . 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.) (Expenses \$ 306,712. including grants of \$ 328,446.) TRANSPORTATION EDUCATION: CLEAN AIR COUNCIL CONTINUED ITS GREEN PORTS WORK TO REDUCE THE ENVIRONMENTAL IMPACT FROM PORT ACTIVITES BY WORKING TO REDUCE DIESEL EMISSIONS FROM DRAYAGE TRUCKS, WHICH CARRY CARGO FROM PORT FACILITIES TO DISTRIBUTION CENTERS AND WAREHOUSES. THROUGH ITS PHILA. DIESEL DIFFERENCE AND DELA. DIESEL DIFFERENCE PROGRA THE COUNCIL WORKED TO REDUCE DIESEL EMISSIONS BY RETROFITTING TRUCKS AND BUSES WITH POLLUTION CONTROL DEVICES. UNDER ITS MOBLILTY ALTERN. PROGRAM, COUNCIL STAFF REACHED OUT TO PHILA EMPLOYERS TO PROVIDE INCENTIVES FOR EMPLOYEES NOT TO COMMUTE TO WORK ALONE BY CAR. COUNCILE WORKED TO REDUCE POLLUTION FROM UNNECESSARY DIESEL IDLING THROUGH ITS IdleFREEPHILLY AND IdleFREEPA CAMPAIGNS. 352,847.) 196,361. including grants of \$) (Revenue \$ 4h (Code: (Expenses \$ AIR QUALITY EDUCATION: CLEAN AIR COUNCIL BEGAN A CAMPAIGN TO HELP ADDRESS THE AIR QUALITY IMPACTS OF MARCELLUS SHALE NATURAL GAS AS PART OF THIS WORK THE COUNCIL REVIEWED EXTRACTION AND PROCESSING. NATURAL GAS DRILLING PERMITS TO ENSURE THAT THEY COMPLY WITH FEDERAL AND STATE AIR QUALITY REGULATIONS. CLEAN AIR COUNCIL MAINTAINED ITS AIR QUALITY INDEX REPORTING SYSTEM, WHICH PROVIDES DAILY AIR QUALITY DATA AND FORECASTS FOR THE REGION. IN NEIGHBORHOODS NEAR PORT FACILITIES IN PHILADELPHIA THE COUNCIL REACHED OUT TO LOW INCOME RESIDENTS TO EDUCATE THEM ABOUT AIR POLLUTION AND HEALTH, SPECIAL EMPHASIS ON ASTHMA. 84,110. 109,684.) (Code) (Expenses \$ including grants of \$) (Revenue \$ INDOOR AIR QUALITY EDUCATION: CLEAN AIR COUNCIL STILL HAS THE REGIONS ONLY ACTIVE INDOOR AIR QUALITY RESOURCE CENTER AND RECEIVED 3-5 CALLS THE COUNCIL A WEEK FROM THE PUBLIC CONCERNING INDOOR AIR POLLUTION. HAS ALSO BEEN VERY ACTIVE ON THE ISSUE OF TOBACCO SMOKE POLLUTION (OR THE COUNCIL ENCOURAGED APARTMENTS, HOSPITALS, AND SECOND-HAND SMOKE). IT REACHED OUT TO MUNICIPALITIES BUSINESSES TO PROHIBIT SMOKING. TO MAKE PLAYGROUNDS AND PARKS SMOKE-FREE AS PART OF ITS NEW "YOUNG LUNGS AT PLAY" INITIATIVE AND IT STARTED TO WORK WITH COLLEGES IN PHILADELPHIA TO MAKE THEIR CAMPUSES SMOKE-FREE.

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140,026.)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

139,429.

including grants of \$

726,612.

	art 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	i		
	Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	İ		_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ł		l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
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,	I		
	Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	7	.	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ĺ
	complete Schedule D, Part I	6_		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ļ	l
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	- 1	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		1	ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ĺ	1	ĺ
		11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
		11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
_		11c		Х
d	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-		
_		11d		Х
6		11e	Х	 -
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	· · · · · · · · · · · · · · · · · · ·	11f		
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
. 2.0		12a	Х	İ
h	was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
IJ		12b		Х
13		13		X
		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	.74		
D		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	.75		42
13		15		Х
16				
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	Ì	х
17		16		
17		47	1	Х
40		17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.	Ţ.	
		18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.	J	v
		19		X
		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	[ĺ	
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)					Pa	age 4
Pa	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					1	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				21		Х
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J				23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines						
	24b through 24d and complete Schedule K. If "No," go to line 25				24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?				24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction						
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a						
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or						
	990-EZ? If "Yes," complete Schedule L, Part I				25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, o	r					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part	11			26	l	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				}		1
	If "Yes," complete Schedule L, Part III				27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,						
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						
_	Schedule L, Part IV				28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M				29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M				30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					<u> </u>	
	Part1				31		Х
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		Х
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	ĺ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,						
•	III, IV, and V, line 1				34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?				35	<u> </u>	X
	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,						
		Yes	\mathbf{X}	No		,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-				•	
30	organization? If "Yes," complete Schedule R, Part V, line 2				36	}	Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- •	• •	• •			- <u></u> -
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				1		1
	Part VI				37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	•	•	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		 -
38	19? Note. All Form 990 filers are required to complete Schedule O				38	х	
	10 140 to All 1 of 11 of 10 of 110 of 110 of 10 of 110 of 10	<u> </u>	<u> </u>	<u> </u>	1 30		

Par				П
	Check if Schedule O contains a response to any question in this Part V	 ,	Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16.		163	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	Ė
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			Ė
	gaming (gambling) winnings to prize winners?	1c	Χ	ĺ
	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 59.			É
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
	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.			ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1,,
	organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	:	x
	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?			<u></u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			[
	organization, have excess business holdings at any time during the year?	8	•	1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			Ī
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		Ī
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u></u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ŧ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			Ī
	the organization is licensed to issue qualified health plans			I
С	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	l	1

Part	WI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year			√
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	_	V
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?. Does the organization have members or stockholders?	4 5 6		√ √ √
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		/
а b 9	The governing body?	8a 8b	√	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		1
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 rise to conflicts?	12b	✓	
c 13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	ļ
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>
b	Other officers or key employees of the organization	15b		√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		1
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed PENNSYLVANIA 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	v) ava	ilable
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: JOSEPH MINOTT, EXECUTIVE DIRECTOR C/O CLEAN AIR COUNCIL	of the		

Form 990 (2010)

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

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

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

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

compensated employees, and former such persons

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

(A) Name and Title	(B) Average		check	Posit		oply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week (desc- nbe hours for related organi- zations in Sche- dule O)	Individual trustee or director		Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOSEPH O MINOTT		-								
EXECUTIVE DIRECTOR	750	X			X	ļ		109,230.	-0-	-0-
(2) JEFFREY ALDI										
TREASURER	2	X		Х				-0-	/	/
(3) RUSS ALLEN				_						
PRESIDENT	2	X		Х				/	/	
(4) JJ BIEL-GOEBEL		†			_		_			
BOARD MEMBER	− 1	X								
(5) PATRICK FEELEY		1			1	_		/		
BOARD MEMBER	7 1	X						/		
(6) RENEE GILINGER				_						
SECRETARY	- 1	X		X		}				
(7) LOUISE GIUGLIANO										
BOARD MEMBER	\dashv_1	Х							\	
(8) JESSICA BENDER KROW				_						
VICE PRESIDENT	~ ₁	Х		Х					\	\
(9) JOSH MEYER	-	-		-					 	
BOARD MEMBER	⊣ 1	Х						\	1	\
(10) DAVID MINDEL						-			 	
BOARD MEMBER	\dashv_1	Х						\		\
(11) EVAN PAPPAS					\vdash					
BOARD MEMBER	\dashv_1	Х						\		1
(12) HERBERT PATRICK, MD		1	\vdash		-	<u> </u>		 		
BOARD MEMBER	⊣ ղ	X		ŀ						1
(13) LAREN PITCAIRN						_				
PRESIDENT EMERITUS	1	х				1			1	1
(14) CARRIE SARGEANT	+	1				-			 	
BOARD MEMBER	\dashv_1	x								l /
(15) LAURA STEIN	+	1	\vdash	-	 	-		 	 	
BOARD MEMBER	- ₁	x								
(16) JAY TARLER			\vdash	-	-		\vdash	 	 	
BOARD MEMBER	- _1	х								
BOARD MEMBER		Λ	ш	Щ.					<u> </u>	Form 000 (2010)

' (À) ' Name and title	(B) Average hours		(chec	Pos	C) ition hat a	pply)		(D) Reportable	(E) Reportable	(F) Estimated			
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe fror orgal and	unt of ther ensation in the nization related ization	า	
(17)	-												
18)	-	 											
19)													
20)					 					 			
21)											-		
22)					_						-		
23)	-	-			_								
24)		ļ											
25)													
	ļ												
26)	1												
27)											_		
28)								- n=1					
1b Sub-total c Total from continuation sheets to Part V	 II. Secti		٠.	 			>	109,230.					
d Total (add lines 1b and 1c)		_					▶	109,230.					
2 Total number of individuals (including but reportable compensation from the organiz			tho	se li:	sted	abo	ve) w	no received more than \$	100,000 in				
3 Did the organization list any former office			trus	tee	kev	em	love	or highest compensate	ed		Yes	No	
employee on line 1a? If "Yes," complete 5	Schedule	Jfo	r su	ch ır	ndivi	dual				. 3		X	
4 For any individual listed on line 1a, is the and related organizations greater than \$1:		-			-				om the organization	4	1	X	
5 Did any person listed on line 1a receive o					-				ndividual	7.	ļ		
for services rendered to the organization?	If "Yes,	" cor	nple	te S	che	dule	J for	such person	<u> </u>	5		X	
Complete this table for your five highest compensation from the organization	ompens	ated	ınde	epen	den	t cor	tracto	ers that received more th	an \$100,000 of				
(A)									(B)	(C)			
Name and busines	s addre	SS						Description	n of services	Compens	ation		
			•										
2 Total number of independent contractors	(includin	g bu	t not	lımı	ted t	to th	ose lis	ted above) who receive	d		·,		
more than \$100,000 in compensation from		-											

Form 990 (2010)

	art	Statement of Revenue					
•	•			(A)	(B)	(C)	(D) Revenue excluded
	4			Total revenue	Related or exempt	Unrelated	from tax under
	<u>.</u>				function revenue	business revenue	512, 513, or 514
S	1a	Federated campaigns 1a	791.	۶	· · · · · · · · · · · · · · · · · · ·	177 200 200	. ` ` `
불	ь	Membership dues 1b	265,425.		1 1 1 1	, ` ' _^	
ខ្លួក	С	Fundraising events 1c	00 500			e	
a, ₹	d	Related organizations 1d		,	;		
D. B	,	· · · · · · · · · · · · · · · · · · ·	184,322.	• • •			
S S	е	Government grants (contributions) . 1e	104,322.		,		
를	T	All other contributions, gifts, grants, and similar amounts not included	620 410	,,,		,	, ^
불형		above If	639,412.			,	17
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f	30,800.				,′
	h	Total. Add lines 1a-1f		1188450.			",
Program Service Revenue		· · · · · · · · · · · · · · · · · · ·	Business Code		,		۷,
ē	2a			,			
Be.	ь						
9	_						
Ž	ت ا				<u> </u>		
Š	a						
ац	е						
Ď.	f	All other program service revenue					
<u>a.</u>	g		<u> </u>				,
	3	Investment income (including dividen	ds, interest, and				
		other similar amounts)		5.			
	4	Income from investment of tax-exem	pt bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal	14 14 14 14 14 14 14 14 14 14 14 14 14 1		25 4 4 4	., .,
	6a	Gross Rents . 51				, ,	
				,			4
	b	Less rental expenses					,
	С	Rental income or (loss)		F16	1	2.4	` '
	d	Net rental income or (loss) .	<u> </u>	516.			***************************************
	7a	Gross amount from sales of assets other	(II) Other				
		than inventory					
	b	Less cost or other					1 h
		basis and sales expenses					, '
	С	Gain or (loss) .				,	
Revenue	d	Net gain or (loss)		,	i "		· ·
/er	8a	Gross income from fundraising event			· · · · · · · · · · · · · · · · · · ·	*	•
Re	-	(not including \$ 98,500.		·		, ,	[*] :
-		of contributions reported on line 1c).					<i>*</i> * * * * * * * * * * * * * * * * * *
Othe			. a 59,608.				
١	_	See Part IV, line 18		, , , ,			11 11
j	ь	Less direct expenses		10 1 E		` ^	S 11 11
i	С	Net income or (loss) from fundraising		-48,152.	***************************************	,	····
	9a	Gross income from gaming activities				,	
		See Part IV, line 19	. a		i.	, , , ,	/
	ь	Less direct expenses	. b		,	<i>"</i> ,	
	С	Net income or (loss) from gaming act	tivities				
	10a	Gross sales of inventory, less					
		returns and allowances	. a			*** *	```
	_			, ,	·		
	b	<u> </u>	. b	,	,	1 21342 21	. ,
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code	10 101	,, ,,	hart in	Tomer or a
1	11a						
	b						
	c						
ì	d	All other revenue					
		Total. Add lines 11a-11d				gg Jangarani i	my comme
	e			1140819.	<u> </u>		<u> </u>
	12	Total revenue. See instructions	<u> ▶</u>	1140019.	L	<u></u>	<u> </u>

Part IX Statement of Functional Expenses

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

	All other organizations must complete		'		(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
<u>/D,</u>	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		ĕxpenses	general expenses	Схропосо
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			<u></u>	
2	the U.S See Part IV, line 22				(44,154
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
-	Benefits paid to or for members				<u> </u>
5	·	109,230.	86,870.	9,831.	12,529.
•	trustees, and key employees	100,230.	00,070.	J,031.	12,525.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	504,196.	396,335.	57,808.	50,053.
7	Other salaries and wages	504,196.	390,333.	57,808.	30,033.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	26 335	21 000	2 053	2 720
9	Other employee benefits	26,777.	21,092.	2,953.	2,732. 5,074.
10	Payroll taxes	49,739.	39,181.	5,484.	5,0/4.
11	Fees for services (non-employees):				
а	Management		0 500	550	
b	Legal	9,133.	8,583.	550.	
С	Accounting	8,848.		8,848.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	24,321.	15,036.	4,912.	4,373.
12	Advertising and promotion	30,390.	29,023.	153.	1,214.
13	Office expenses	35,953.	21,074.	11,898.	2,981.
14	Information technology				
15	Royalties				
16	Occupancy	57,909.	45,616.	6,385.	5,908.
17	Travel	26,961.	21,685.	3,580.	1,696.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,707.	5,635.	5,668.	404.
20	Interest	3,615.		3,615.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,594.		8,594.	
23	Insurance	7,196.	5,669.	793.	734.
24	Other expenses Itemize expenses not covered			\$1. 74 . 1 May 2	1
-7	above (List miscellaneous expenses in line 24f. If		in the following		
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EQUIPMENT RENTAL	2,795.	2,202.	308.	285.
	POSTAGE	7,690.	6,209.	721.	760.
b	PRINTING	11,930.	9,579.	1,221.	1,130.
C	TELEPHONE	16,273.	12,823.	1,792.	1,658.
d	TELEFITONE	10,2/3.	12,023.	1,,52.	1 2,030.
e					
f	All other expenses	052 257	726 612	135,114.	91,531.
25	Total functional expenses. Add lines 1 through 241	953,257.	726,612.	135,114	31,331.
26	Joint costs. Check here ▶ ☐ if following				1
	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			<u>L</u>	L
					Form QQ0 (2010)

Pa	ırt X	Balance Sheet			
			(A)		(B)
_		•	Beginning of year		End of year
	1	Cashnon-interest-bearing	98,606.	1	350,951.
ļ	2	Savings and temporary cash investments	43,109.	2	43,114.
	3	Pledges and grants receivable, net	366,725.	3	349,950.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	4	1	
		employees, and highest compensated employees. Complete Part II of			ŧ,
ļ		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		1.	
ध		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	309.	9	5,394.
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 60,631.	and the second of the second o	i, "	No form the second
	b	Less accumulated depreciation 10b 29,775.	22,694.	10c	30,856.
	11	Investmentspublicly traded securities	2,005.	11	6,962.
i	12	Investmentsother securities See Part IV, line 11		12	
	13	Investmentsprogram-related See Part IV, line 11		13	·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,008.	15	3,508.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	538,456.	16	790,735.
	17	Accounts payable and accrued expenses	43,118.	17	67,827.
İ	18	Grants payable		18	25 000
	19	Deferred revenue		19	25,000.
ر ر	20	Tax-exempt bond liabilities	<u> </u>	20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	, , , , , , , , , , , , , , , , , , ,
豆	22	Payables to current and former officers, directors, trustees, key			
1		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	'	20	₹ · ·
ļ	22	Secured mortgages and notes payable to unrelated third parties	19,217.	22	29,241.
	23 24		15,217.	24	25,241.
İ	25	Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D	7,026.	25	7,053.
	26	Total liabilities. Add lines 17 through 25	69,361.	26	129,121.
\neg		Organizations that follow SFAS 117, check here ▶ X and			· · · · · · · · · · · · · · · · · · ·
g		complete lines 27 through 29, and lines 33 and 34.	2 11 20 28 11 1	."	I William Francis I was
Fund Balances	27	Unrestricted net assets	498,456.	27	360,031.
ala	28	Temporarily restricted net assets	40,000.	28	301,583.
<u>a</u>	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here ▶		1	<u> </u>
6		and complete lines 30 through 34.		ļ.,	I ≽ voj≗ oo
St.	30	Capital stock or trust principal, or current funds	[" "	30	FSD D 42 B
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et 7	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	469,095.	33	661,614.
	34	Total liabilities and net assets/fund balances	538,456.	34	790,735.
		20011 Converse TAVCIMAN F			Form 000 (2010)

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Form **990** (2010)

Form 9	90 (2010)			Pa	ige 12				
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				- (7)				
	Onder a concedio di contenio a responso to any question in tino i artixi								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,14	0,819				
2	Total expenses (must equal Part IX, column (A), line 25)		953,2						
3	Revenue less expenses Subtract line 2 from line 1		187,56						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4								
5	5 Other changes in net assets or fund balances (explain in Schedule O)								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
_	column (B))	1		66	1,614				
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				Ø				
	onbok ii concains a response to any question in the fart Air			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	n in		Yes	No				
	Schedule O.	1							
2a	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	✓	L				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountain		2c	1					
	If the organization changed either its oversight process or selection process during the tax year, explai Schedule O	n in							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wissued on a separate basis, consolidated basis, or both:	rere							
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
3a		h in	3a	•	/				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	1	3b						
		 -	Form	990	(2010)				

SCHEDULE A

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990'or 990-EZ)

Public Charity Status and Public Support

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

 OMB No 1545-0047

2010

Open to Public Inspection

Employer Identification number

CL.	EAN	AIR COUNCIL								<u> 23 -</u>	168	<u> 3461</u>	<u> </u>		
Pa	rt I	Reason for Public (Charity S	tatus (All	organızat	ions must comp	lete this	s part.)	See ins	structi	ons.				
The	orgar	nization is not a private foundation	on because	it is (For li	nes 1 thro	ugh 11, check o	only one	box.)							
1		A church, convention of church	es, or asso	ciation of cl	nurches d	escribed in sect	tion 17	0(b)(1)	(A)(l).						
2	Ш	A school described in section	170(b)(1)(A)(II). (Attacl	h Schedul	e E.)									
3	Ш	A hospital or a cooperative hos	pital service	organizati	on describ	oed in section 1	1 70(b) (1	I)(A)(III).						
4		A medical research organization	n operated	ın conjunctı	on with a	hospital describ	ed in s	ection	170(b)((1)(A)	(III). E	nter the)		
		hospital's name, city, and state													
5		An organization operated for th	e benefit of	a college o	r universit	y owned or ope	rated by	y a gov	ernmer	ntal ur	nt desc	cribed in	n		
		section 170(b)(1)(A)(Iv). (Con	nplete Part I	l.)											
6	Ш	A federal, state, or local govern	nment or gov	vernmental	unit desc	ribed in section	170(b)	(1)(A)(v).						
7	X	An organization that normally r	eceives a si	ubstantial p	art of its s	support from a go	overnm	ental u	nit or fro	om th	e gene	ral pub	lic		
		described in section 170(b)(1)	(A)(vi). (Co	mplete Par	tII)										
8		A community trust described in				•									
9		An organization that normally re													
		receipts from activities related											S		
		support from gross investment	income and	l unrelated	business	taxable income	(less se	ection 5	511 tax)	from	busine	esses			
	_	acquired by the organization af	ter June 30	, 1975 See	section	509(a)(2). (Com	plete P	art III.)							
10	Ш	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
11		An organization organized and													
		purposes of one or more public										e secti	lon		
		509(a)(3). Check the box that of	describes th	e type of su				lete line	. 🗀						
		a Type I b	Type II	c 📙		Functionally inte	-		d [• • •	e III-O				
е		By checking this box, I certify t													
		persons other than foundation	managers a	nd other th	an one or	more publicly s	ирропе	ed orgai	nization	is des	cribea	ın sect	ion		
		509(a)(1) or section 509(a)(2)						- 0	T II						
f		If the organization received a v	vritten deteri	mination fro	m the IHS	sthat it is a Type	е і, тур	e II, or	туре п	supp	orung				Г
		organization, check this box			بالمدين مناطق			 . of the	•	•		• •		• •	٠ _
g		Since August 17, 2006, has the	e organizatio	on accepted	any giπ	or contribution if	rom any	, or the							
		following persons?						doorib	ad .a (ii)					Yes	No
		(i) A person who directly or in					rsons c	Jeschio	ea in (ii)	,			110/1	163	140
		and (iii) below, the government				ation?	•					• •	. 11g(i)		
		(ii) A family member of a pers										• •	. 11g(ll)		-
		(III) A 35% controlled entity of	•							• •	•	• •	11g(lii)	L	L
<u>h</u>		Provide the following information					4.3.		((
(1)		ne of supported	(11)	EIN	1, , , , ,	of organization	1		(V) Did	-	(vi) is		(MIN A.		
	OI	rganization			1,	ed on lines 1-9	anizatio	d in your	organiz		in co		(vii) A		
						or IRC section	gover	ming	ın col		orgar	nzed	OI SU	pport	
					(see	instructions))	—	ment?	your sur		in the	T			
					ļ		Yes	No	Yes	No	Yes	No			
(A)															0.
									-		 				
(B)															
_					ļ. <u></u>		-	 				 			
(C)								į							
					 		 		+-		├	 			
(D)											}				
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(E)								1							
			ļ	······································	<u> </u>	···	<u> </u>	ļ	إحجا		ļ	 			
			1 '	·	‡	11111	4 ,	1		į.		‡ , l			

Total

Part II Support Schedule for

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

(Complete only if you checked a box on line 5, 7, or 8 of Part -I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 5488473. 1028778. 1259741. 1003381 1038923. include any "unusual grants"). . 1157650. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . 0 1028778 1259741 1003381 1038923 1157650 5488473. Total. Add lines 1 through 3 . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 5488473. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 . 1028778. 1259741. 1003381. 1038923. 1157650. 5488473. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1,849. 2,001 420 6,213 521 11,004. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital -22,930. assets (Explain in Part IV) . 31,808. -27,113. -22,112-57,699. 11 Total support. Add lines 7 5441778. through 10 . . . 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage 100.86% Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 99.81% Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3 % support test--2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test--2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this 17a 10%-facts-and-circumstances test--2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test--2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

chedule A (Form 990 or 990-EZ) 2010						Page 3
Part III Support Schedul	e for Organiza	tions Describe	ed in Section	509(a)(2)		1 0
(Complete only if you cl					Part II.	1 12
' If the organization fails	to qualify under the	tests listed below, j	olease complete Pa	art II.)	' ' /	
ection A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					}	
Gross receipts from activities that are not an unrelated trade or business under section 513						0.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons .				<u> </u>		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$ 5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
Public support (Subtract line 7c	,	1 2 2 2 2	,			
from line 6)			· .		1	
ection B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 6						
Da Gross income from interest,		ł	1	1		
dividends, payments received on						
securities loans, rents, royalties and	t l					
income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business		1				
activities not included in line 10b,						
whether or not the business is						}
regularly carried on						
Other income Do not include gain				1		
or loss from the sale of capital		1	ļ		1	
assets (Explain in Part IV)						
3 Total support. (Add lines 9, 10c, 11, and 12)						
First five years. If the Form 990 is	-	n's first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	_
organization, check this box and st			<u> </u>	<u> </u>	<u> </u>	<u> </u>
ection C. Computation of Pu	<u></u> -					
Public support percentage for 2010	-				15	%
Public support percentage from 200			<u> </u>	· · · · · ·	16	%
ection D. Computation of In					1	0.0000%
Investment income percentage for 2	· ·				17	
Investment income percentage from					18 0 and line	%
0a 33 1/3 % support tests2010. If t	_					, r
17 is not more than 33 1/3 %, check	k this box and stop	nere. The organiza	ition qualifies as a	publicly supported	organization .	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3 % support tests--2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2010 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10,
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)
CLEAN AIR COUNCIL HELD ITS 30TH ANNUAL RUN FOR CLEAN AIR ON APRIL 16,
2010 ON MARTIN LUTHER KING, JR. DRIVE NEAR THE PHILADELPHIA MUSEUM OF
ART. WITH OVER 1,400 RUNNERS PARTICIPATING, THE RUN CONTINUED TO BE A
POPULAR EVENT AND THE LARGEST EARTH DAY RACE IN THE AREA. THE RACE
CONTINUED TO BE GREEN CERTIFIED AND GENERATED NEARLY ZERO WASTE. THE
RACE RAISED A TOTAL OF \$96,508, FOR A NET INCOME OF \$50,348.
THE COUNCIL TOOK OWNERSHIP OF A SECOND PHILADELPHIA AREA ENVIRONMENTAL
EVENT: GREENFEST PHILLY, WHICH WILL TAKE PLACE SEPTEMBER 10, 2011.

SCHEDULE C. (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

201**0**

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

Open to Public ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury ► See separate instructions. Inspection Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Clean Air Council 23-1683461 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . 0 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No No 4a Was a correction made? . b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's funds. If none, enter -0contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3) (4) (5) (6)

Sch	redule C (Form 990 or 990-EZ) 2010					Page 2
Pá	complete if the organization section 501(h)).	ı is exempt u	inder section 50	01(c)(3) and filed	i Form 5768 (ele	ection under
A B	Check ► ☐ if the filing organization belock ► ☐ if the filing organization che			rol" provisions a	pply.	
	Limits on Lobby (The term "expenditures" me				(a) Filing organization's totals	(b) Affiliated group totals
•	 Total lobbying expenditures to influence p Total lobbying expenditures to influence a Total lobbying expenditures (add lines 1a 	21500 15000 36500				
	 d Other exempt purpose expenditures . e Total exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the columns. 	lines 1c and 1	d)		928257 953257 167989	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	20% of the arr \$100,000 plus \$175,000 plus	nontaxable amount nount on line 1e 15% of the excess of 10% of the excess of 5% of the excess of	over \$500,000.		
	Over \$17,000,000 g Grassroots nontaxable amount (enter 259) h Subtract line 1g from line 1a. If zero or lest i Subtract line 1f from line 1c. If zero or lest j If there is an amount other than zero or	ss, enter -0- s, enter -0-			41997 0 0 file Form 4720	
	reporting section 4911 tax for this year?	ar Averaging F	Period Under Sec 01(h) election do	tion 501(h)	olete all of the five	Yes No
_	Lobbying	Expenditures	During 4-Year Av	eraging Period	r	
	Calendar year (or fiscal year beginning ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
					l	

	Lobb	ying Expenditure	s During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Totai
2a	Lobbying nontaxable amount		164849	163204	167989	496042
b	Lobbying ceiling amount (150% of line 2a, column (e))					774063
c	Total lobbying expenditures		20000	20000	36500	76500
d	Grassroots nontaxable amount		41212	40801	41997	124010
е	Grassroots ceiling amount (150% of line 2d, column (e))					186015
f	Grassroots lobbying expenditures		10000	10000	21500	41500

Schedule C (Form 990 or 990-EZ) 2010

legi: refe	NIH		a)	(b)
legi: refe		Yes	No	Amount
a Volu	ring the year, did the filing organization attempt to influence foreign, national, state or local islation, including any attempt to influence public opinion on a legislative matter or erendum, through the use of:			
	unteers?			
b Paid	d staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Med	dia advertisements?			
d Mai	ilings to members, legislators, or the public?			
e Pub	plications, or published or broadcast statements?			
	ants to other organizations for lobbying purposes?			
	ect contact with legislators, their staffs, government officials, or a legislative body?			
	lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	ner activities? If "Yes," describe in Part IV			
	al. Add lines 1c through 1i			
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	Yes," enter the amount of any tax incurred under section 4912			· · · · · · · · · · · · · · · · · · ·
d If th	Yes," enter the amount of any tax incurred by organization managers under section 4912 . ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5),	or se	ction
				Yes No
	re substantially all (90% or more) dues received nondeductible by members?			1
	the organization make only in-house lobbying expenditures of \$2,000 or less?			2
	the organization agree to carryover lobbying and political expenditures from the prior year? .			3
art 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, li "Yes."			
1 Due	es, assessments and similar amounts from members		1	
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts itical expenses for which the section 527(f) tax was paid).	of		
	rrent year		2a	
b Can	ryover from last year		2b	
c Tota			2c	
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
exc	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of tess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying		
	I political expenditure next year?		4	
	able amount of lobbying and political expenditures (see instructions)		5	
	Supplemental Information this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; this part for any additional information.	and F	Part II-	B, line 1ı. Also,

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete If the organization answered "Yes," to Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

2010

Name of the organization
CLEAN AIR COUNCIL

Employer Identification number 23-1683461

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part I	V, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiza	tion's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the	organization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an historical	lly important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	<i></i>	2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a	.	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	-	rganization during
	the tax year ▶	, , , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	tholds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements durin	ig the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	e year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes 📗 No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	s that describes
	the organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet
	works of art, historical treasures, or other similar assets held	•	
	public service, provide, in Part XIV, the text of the footnote to	its financial statements that describes these	e items.
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets held	for public exhibition, education, or research	in furtherance of
	public service, provide the following amounts relating to these	e items.	
	(I) Revenues included in Form 990, Part VIII, line 1		▶ \$
			> \$
2	If the organization received or held works of art, historical trea		ain, provide the
-	following amounts required to be reported under SFAS 116 (,, ₁ ,
2	Revenues included in Form 990, Part VIII, line 1		▶ \$
a	Assets included in Form 990, Part X		· · · · s
	naagia included ii i Oilli aad, Fall A		

Par	t III Organizations Mair	ntaining Collectio	<u>ns of A</u>	rt, Historica	i Treasu	res, or	Other Sir	nilar As	sets (co	intinued)
3	Using the organization's acquisition collection items (check all that app		records,	check any of the	e following t	hat are a s	significant us	e of its		
а	Public exhibition	đ	Loa	n or exchange (orograms					
b	Scholarly research	е	Oth	er						
c	Preservation for future gener	ations								
4	Provide a description of the organi Part XIV	ization's collections and	explain h	ow they further	the organiza	ation's exe	mpt purpose	e in		
5	During the year, did the organizati	on solicit or receive don	ations of a	ert, historical tre	asures, or o	ther simila	ar			
_	assets to be sold to raise funds ra							. [Yes	□ No
Pai	t IV Escrow and Custo						o" to Form 0	100 Part		<u> </u>
	IV, line 9, or reported an a				iization ans	Weidu 10	3 10 1011113	30, 1 ait		
1a	Is the organization an agent, trusto	· · · · · · · · · · · · · · · · · · ·			ns or other	assets not				
	included on Form 990, Part X?			=				. (Yes	☐ No
ь	If "Yes," explain the arrangement	n Part XIV and complet			• • •					ш
						(An	nount	
С	Beginning balance						1c			
	Additions during the year						1d			
d	• •				• •					
e	Distributions during the year					!	1e			
f	Ending balance						1f			
2a	Did the organization include an an		t X, line 21	?					Yes	∐ No
	If "Yes," explain the arrangement									
Pa	t V Endowment Funds	 Complete if the organ 	nization ar	swered "Yes" t	o Form 990	, Part IV, I	ne 10.			
	l	(a) Current year	(b) Pnor year	(c) Two	years back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance		<u> </u>						1.2	
b	Contributions							• • • • • • • • • • • • • • • • • • • •	1	,
С	Net investment earnings, gains,							· · · · · · · · · · · · · · · · · · ·	1	:
	and losses]		ļ		1 mg 1 1 1	: K. A		
d	Grants or scholarships							amaaamia	*********	********
e	Other expenditures for facilities		 					~~~~~~	Ţ.,	
_	and programs								} .	
	Administrative expenses		†				-			
	End of year balance		 						•	himmoono.
g	•	of the year and helene	hald as					<u></u>	.I	
2	Provide the estimated percentage									
а	Board designated or quasi-endow		- %							
b	Permanent endowment ▶	%								
С	Term endowment ▶	_ %								
3 a	Are there endowment funds not in	the possession of the c	rganizatio	n that are held	and adminis	itered for t	he		1	1
	organization by									es No
	(I) unrelated organizations								3a(i)	
	(II) related organizations								3a(II)	
b	If "Yes" to 3a(II), are the related or	-	-						3b	L
4	Describe in Part XIV the intended	uses of the organization	ı's endowi	ment funds.						
Pai	t VI Land, Buildings, a	nd Equipment.See	Form 990	, Part X, line 10			_			
	Description of investment	(a) Cost or other ba (investment)	asis	(b) Cost or o basis (othe			cumulated reciation	(4	d) Book val	ue
1a	Land				7					
b	Buildings	– – –		·		*****				
-	Leasehold improvements	· ·								
ų	Equipment	•		60	631.		29,775		30	856.
u	_ · ·	· · 					,	-		
e Tota	Other	· · · I	On Part V	column (R) lin	e 10(c))			_	30	856.
ıvıa	i. Aug mies ja undugn je, jodiumi	r (u) muər oyuan Fomm 3	ου, ιαιι Λ	, ວວາຜາກາ (ມັງ, 111	· · · · · · · · · · · · · · · · · · ·			- 1	J U 1	,

Part VII Investments—Other Securities.	See Form 990, Pa	art X, line 12			
(a) Description of security or category (including name of security)	(b) Boo	k value		(c) Method of Cost or end-of-year	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other				· · · · · · · · · · · · · · · · · · ·	
(A) EQUITY SECURITY		498.			6,962.
(B)					
(C)					
(D)	-				
(E)					
(F) (G)	-				
(H)	-				
(1)	-				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		498.		, ,	······································
Part VIII InvestmentsProgram Related.	See Form 990, P	art X, line 13			
(a) Description of investment type	(b) Boo	ok value		(C) Method of Cost or end-of-yea	
(1)					
(2)					
(3)					
(4)					
(5)	ļ				
(6)					· · · · · · · · · · · · · · · · · · ·
(7)	 				
(8)					
(9) (10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		-		······································	
Part IX Other Assets. See Form 990, Part X, In	ne 15				
	escription				(b) Book value
(1) SECURITY DEPOSITS					3,508.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15)			>	3,508.
Part X Other Liabilities. See Form 990, Part		<u> </u>	-	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	(b) Amor	unt		,, , , , , , , , , , , , , , , , , , ,
(1) Federal income taxes					27 75
(2) DUE TO OTHER ENTITIES			7,053.		and the section of the second
(3)					
(4)				şs û.	
(5)				(44 - 57	Danie & James
(6)				居代的"	17.50
(7)		ļ			
(8)					All Street Street
(9)				į.	
(10)					1960 B
(11)	ne 25.) >		7,053.	3" of 1	S. 3/14/200
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	10 20./		,, UJJ.		

Рa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	al Stat	ements
1	Tofal revenue (Form 990, Part VIII, column (A), line 12)	1	1,140,819.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	953,257.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	187,562.
4	Net unrealized gains (losses) on investments	4	4,957.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<u> </u>
9	Total adjustments (net) Add lines 4 through 8	9	4,957.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	192,519.
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per	
1	Total revenue, gains, and other support per audited financial statements	1	1,145,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	4 1/4	
b	Donated services and use of facilities	: ہ لٰـ	
С	Recoveries of prior year grants	_ ` '	
d		_	
e		2e	4,957.
3	Subtract line 2e from line 1	3	1,140,819.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
þ		_ '	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,140,819.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es pe	
1	Total expenses and losses per audited financial statements	1	953,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1.	
a	Donated services and use of facilities	41	
b	Prior year adjustments	- [[[]	
C	Other losses	- `∵.}	
d	, , , , , , , , , , , , , , , , , , , ,		
	Add lines 2a through 2d	2e	052 257
3	Subtract line 2e from line 1	3	953,257.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	- Ու ՝ ՝ ՝	
	Other (Describe in Part XIV)	┥╻╴	
, C	Add lines 4a and 4b	4c	952 257
5 67	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5_	953,257.
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compart to provide any additional information.		
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	

Schedule D (Form 990) 2010

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-1683461

CLEA	N AIR COUNCIL						1683461
Part	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e] Solicitati	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f [] Solicitati	ion of governmen	t grants	
С	☐ Phone solicitations		g [Special 1	fundraising events	· ·	
d	☐ In-person solicitations						
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including of	icers, directors, trus	tees
	or key employees listed in Forn	n 990, Part VII) o	r entity in co	nnection	with professional	fundraising services	?
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody of contrib	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6				7 100			
7							
8							
9			 			<u> </u>	
10							
Total				. •			
3	List all states in which the organization or licensing.	anızation is regis	stered or lice	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
					·····		
					·····		
			•••••				
					••••		
					•••••		

		gross receipts greater tha		215 100	4-1-00	
			(a) Event #1 RUN	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts	158,108		***	158,108
۱ ــــــــــــــــــــــــــــــــــــ		contributions	98,500			98,500
	3	Gross income (line 1 minus line 2)	59,608			59,608
	4	Cash prizes				
	5	Noncash prizes	1,550			1,550
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	19,250			19,250
	8	Entertainment				-
	9	Other direct expenses .	86,900			86,900
					_	/ 407 700
ĺ	10	Direct expense summary. Ac	•	` ,		(107,700
Par	10 11 11	Net income summary. Comb Gaming. Complete if the	ine line 3, column (d), are organization answer	nd line 10		-48,092
	11	Net income summary. Comb	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10 ed "Yes" to Form 990	▶ 0, Part IV, line 19, or a	-48,092 reported more
	11	Net income summary. Comb Gaming. Complete if the	ine line 3, column (d), are organization answer	nd line 10		-48,092
	11	Net income summary. Comb Gaming. Complete if the	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10	▶ 0, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Revenue	11 rt III	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10	▶ 0, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Revenue	11 rt III	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10	▶ 0, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Direct Expenses Revenue	11 rt III 1	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10	▶ 0, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Revenue	11 1 11 2 3	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes	ine line 3, column (d), are organization answer 90-EZ, line 6a. (a) Bingo	nd line 10	D, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Revenue	11 1 11 2 3	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash pnzes Noncash prizes Rent/facility costs	ine line 3, column (d), and organization answere 90-EZ, line 6a.	nd line 10	▶ 0, Part IV, line 19, or a	-48,092 reported more (d) Total gaming (add
Revenue	11 1 2 3 4 5	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash pnzes Noncash prizes Rent/facility costs Other direct expenses	ine line 3, column (d), and corganization answer 90-EZ, line 6a. (a) Bingo Yes % No	nd line 10	Co) Other gaming (c) Other gaming	-48,092 reported more (d) Total gaming (add
Revenue	11 1 2 3 4 5 6	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	ine line 3, column (d), and corganization answer 90-EZ, line 6a. (a) Bingo Yes % No	red line 10	(c) Other gaming Yes % No	-48,092 reported more (d) Total gaming (add
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 En	Met income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	ine line 3, column (d), and corganization answer 90-EZ, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in column (d), and the second of	the dine 10	(c) Other gaming Yes % No	-48,092 reported more (d) Total gaming (add col (a) through col (c))
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8 End a ls	Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash pnzes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ac Net gaming income summar after the state(s) in which the or the organization licensed to o 'No," explain:	ine line 3, column (d), and corganization answer 90-EZ, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in column answer 90-EZ, line 6a. (a) Bingo	yes % No No No No No No No No No No No No No	Co) Other gaming (c) Other gaming Yes % No	-48,092 reported more (d) Total gaming (add col (a) through col (c))

Schedu	ile G _. (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ▶	••••	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►	•••••	
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns to provide any additional information (see instructions).	line 2b, mplete ti	nis
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			<i>,</i>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer Identification number

2010

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.

Open to Public Inspection

CLEAN AIR COUNCIL	23-1683461
PAGE 2, LINE 4d: OTHER PROGRAM SERVICES	
GLOBAL WARMING EDUCATION (EXPENSES: \$79,906):CLEAN	
AIR COUNCIL PROVIDED INFORMATION TO THE PUBLIC ON	
GLOBAL CLIMATE CHANGE, PARTICULARLY THE HEALTH AND	
ENVIRONMENTAL IMPACTS IT WILL HAVE ON THE REGION.	
THE COUNCIL URGED STATE AND FEDERAL POLICY MAKERS	
TO PASS MEANINGFUL GREEHOUSE GAS LAWS TO CURB	
GLOBAL CLIMATE CHANGE AND AS A MEANS TO DEVELOP	
NEW GREEN JOBS.	
WASTE REDUCTION EDUCATION (EXPENSES: \$34,257):	
CLEAN AIR COUNCIL WORKED TO INCREASE RESIDENTIAL	
RECYCLING IN THE CITY OF PHILADELPHIA AS PART OF	
THE RECYCLING ALLIANCE OF PHILADELPHIA.	
ENERGY EDUCATION (EXPENSES \$25,266): CLEAN AIR	
COUNCIL PROMOTED ENERGY EFFICIENCY AND SWITCHING	
TO RENEWABLE SOURCES OF ENERGY (SOLAR AND WIND) TO	
RESIDENTS AND BUSINESSES. IT NEGOTIATED WITH	
UTILITIES IN WESTERN PENNA. TO INCREASE FUNDING TO	
ASSIST LOW INCOME RESIDENTS IN REDUCING THEIR	
ENERGY CONSUMPTION AS PART OF A UTILITY MERGER	
SETTLEMENT. THE COUNCIL HELD A SUCCESSFUL COMMUN-	
ITY FORUM ON THE ENVIRONMENTAL PROS AND CONS OF	
USING NUCLEAR POWER AS PART OF THE ACADEMY OF	
NATURAL SCIENCE'S "URBAN SUSTAINABILITY FORUM"	
SERIES	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization CLEAN AIR COUNCIL	Employer identification number 23-1683461
CHEAN AIR COUNCIL	23-1003401
PART VI, SECTION B, POLICIES:	
THE ORGANIZATION PERIODICALLY REVIEWS ITS POLICIES	
REGARDING CONFLICT OF INTEREST AND WHISTLEBLOWER	
BY DISCUSSING AT STAFF AND BOARD MEETINGS. BOARD	
MEETINGS ARE ALSO WHEN ANY RAISES FOR THE EXEC.	
DIRECTOR ARE DISCUSSED AND APPROVED.	
A DRAFT OF THE 990 IS SUPPLIED TO THE EXEC DIRECT.	
AND THE CFO. THEY REVIEW IT AND PRESENT IT TO THE	
BOARD OF DIRECTORS, MAINLY THE TREASURER, FOR	
APPROVAL.	
PAGE 6, SECTION 6: THE ORGANIZATION WILL MAKE ANY	
PUBLIC DOCUMENT AVAILABLE UPON THE WRITTEN REQUEST	
SENT TO ITS OFFICE.	
PAGE 12, PART XI, LINE 5: OTHER CHANGES IN NET	
ASSETS REPRESENTS UNREALIZED GAINS ON MARKETABLE	
SECURITIES.	
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