SCANNED JUN 1

990 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)

2011

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A^{\prime} For the 2011 calendar year, or tax year beginning 0.7/0.1/ , 2011, and ending 0.6/3.012 B Check if C Name of organization CLEAN AIR COUNCIL D Employer Identification number applicable 23-1683461 Address change Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number 300 135 S 19TH STREET 215-567-4004 Initial return City or town, state or country, and ZIP + 4 Terminated 19103 PHILADELPHIA PA G Gross receipts \$ Amended return Application Name and address of principal officer H(a) Is this a group return for affiliates? pending JOSEPH MINOTT C/O CLEAN AIR COUNCIL H(b) Are all affiliates included? Yes No X 501(c)(3) 501(c) (Tax-exempt status) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) Website: ▶ www.cleanair.org H(c) Group exemption number ▶ Form of organization: X Corporation Association Other ▶ L Year of formation 1967 M State of legal domicile Summary Part I 1 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. OUTREACH UNDER 6 PROGRAM AREAS: AIR QUALITY; WASTE REDUCTION; ENERGY; Governance TRANSPORTATION; INDOOR AIR QUALITY; AND GLOBAL WARMING. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets 16 3 Number of voting members of the governing body (Part VI, line 1a) 16. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 59. 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) -6 109. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,188,450 2,518,187. 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 322. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -47,636. -34,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,140,819 2,484,348 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) 689,942 934,559. 16a Professional fundraising fees (Part IX, column (A), line 11e) 58,116. **b** Total fundraising expenses (Part IX, column (D), line 25) 263,315. 964,383. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 953,257. 1,898,942. 18 Total expenses Add lines 13-17 (must equal Part-IX, column (A), line 25) 187,562 585,406. 19 Revenue less expenses Subtract line 18 from the 12 / Beginning of Current Year **End of Year** SSC 790,735. 1,402,058. 20 Total assets (Part X, line 16) 160,339. 129,121. 21 Total liabilities (Part X, line 26) 1,241,719. 661,614. 22 Net assets or fund balances Subtract fine 21 from line 20 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, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer ∕⁄Dåte Here Lanc Type or print name and title X PTIN Print/Type preparer's name Check Paid Nancy Nicoletti P01275539 self-employed Firm's EIN ▶ 23 - 3061605 Preparer Firm's name ▶ Nancy J. Nico. 1851 Berks Use Only Road Phone no Firm's address ▶ 610-222-9969 Eagleville 19403 PA

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

Cat No 11282Y

Form 990 (2011)

X Yes No

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

161,713. including grants of \$

1672533.

Pá	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			
•	Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
3				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_ !		X
•	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 "Yes,"	_		37
	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	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	,		Ī
	Schedule D, Part VI	11a	Х	ļ
h	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		Х
_				1
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	١		٦,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	17	X
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	<u>X</u> _	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	The state of the s		 	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	and the second s	···	<u> </u>	+
17	-	17		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	-"	 -	+^-
18	· · · · · · · · · · · · · · · · ·		v	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19			1	
	If "Yes," complete Schedule G, Part III	19	 _	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Щ.

Page 4 Part IV Checklist of Required Schedules (continued) No Yes 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 X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х employees? If "Yes." complete Schedule J 23 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 Χ 24b through 24d and complete Schedule K. If "No," go to line 25. 24a $\overline{\mathbf{X}}$ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year Χ 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 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 Χ 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 Χ 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 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 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) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 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, X III, IV, and V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the X meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 . . . 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 . . .

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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Price Seco		Check if Schedule O contains a response to any question in this Part V			X
b Enter the number of Forms W-2G included in line 1a. Enter o-1 find applicable of Dd the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (pambling) winnings to prize winners? Statements, field for the calendar year ending with or within the year covered by this return Statements, field for the calendar year ending with or within the year covered by this return If a field is least one is reported on line 2a, and the organization file all required feel and employment tax returns? Statements, filed for the calendar year ending with or within the year covered by this return If a file least one is reported on line 2a, and the organization file all required feel and employment tax returns? Statements, filed for the calendar year, and the organization file or 15,000 or more during the year? 3a		•		Yes	No
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gamng (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, lifed for the celendar year ending with or within the year covered by the return. 59. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have immelated business gross incoline of \$1,000 or more during the year? 3b. If V*es, "and the did Form 890 of Tor they year? If "I'ves," provide an explanation in Schedule O 4a. All any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a internal aborouth in a foreign country to the a bank account, securities account, or other financial account; accountly? 5b. If V*es, "enter the name of the foreign country." ► 5c. Se Was the organization a prize to prohibited tax sheller transaction? 5c. If V*es to line 5 are 59, and the organization that it was or is a party to a prohibited tax sheller transaction? 5c. If V*es," and the organization had it was or is a party to a prohibited tax sheller transaction? 5c. If V*es," and the organization into tax deductable? 5c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into tax deductable; 6c. If V*es," and the organization into the very solicitation an express statement that such contributions or gradient and the organization into the propers. 6c. If V*es," and the organization into the propers. 6c. If	ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ŧ.
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organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 13b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b 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. 13b Indicate Indi					ļ
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13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 13c 14a X		1 1	·	1-	 -
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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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-		-	1	1
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 X	b	•			1
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_	1 1			1
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		7		‡
			14a	<u> </u>	X
			14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Schedule O	See ins	truct	ions			
Secti	Check if Schedule O contains a response to any question in this Part VI on A. Governing Body and Management		· · · ·	<u> </u>	. <u>[v]</u>			
		· 		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.	1a <u> </u>	15					
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 re any other officer, director, trustee, or key employee?	lationship with	2		1			
3	Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors, or trustees, or key employees to a management company or other		3		1			
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization		5		1			
6 7a	Did the organization have members or stockholders?							
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members	7a 7b		1			
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertaken durinç						
a	The governing body?		8a	√	 			
b	Each committee with authority to act on behalf of the governing body?		8b	✓	 			
9 Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. on B. Policies (This Section B requests information about policies not required by the	<u> </u>	9	odo	1			
Secu	on b. Folicies (This Section B requests information about policies not required by the	internal neve	ilue Ci	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemp	such chapters						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		سويت ا	1.				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		<u> </u>	√				
c	Did the organization regularly and consistently monitor and enforce compliance with the prodescribe in Schedule O how this was done		12c	1				
13 14	Did the organization have a written whistleblower policy?		13	1	+			
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation as	id approval by		V				
а	The organization's CEO, Executive Director, or top management official		15a	✓				
b	Other officers or key employees of the organization		15b		1			
16a								
h	with a taxable entity during the year?		16a		/			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the						
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ PENNSYLVANIA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an available for public inspection. Indicate how you made these available. Check all that apply.	d 990-T (Sect	on 501	(c)(3)	s only			
19	Own website Another's website I Upon request Describe in Schedule O whether (and if so, how), the organization made its governing document of the financial statements available to the public during the tax year.				policy			
20	State the name, physical address, and telephone number of the person who possesses the bo organization: > JOSEPH MINOTT, EXECUTIVE DIRECTOR, C/O CLEAN AIR COUNCIL	oks and recore	ds of the	€				

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.

.	C	Check this box i	fneither	the organiza	ation nor any	/ related	d organization	compensated	any	current of	fficer, d	director,	or trustee
---	---	------------------	----------	--------------	---------------	-----------	----------------	-------------	-----	------------	-----------	-----------	------------

(A) Name and Title	(B) Average hours per week	box, u	Position (do not check more than one box, unless person is both an officer and a director //rustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(desc- nbe hours for related organi- zations in Sche- dule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH MINOTT	_	-			-					
EXECUTIVE DIRECTOR	40	X		<u> </u>	X	X	<u>L</u> _	103,735.		
(2) RUSS ALLEN	- _] '	ł				{	•		
PRESIDENT	5	X		Х	<u> </u>					ļ
(3) PATRICK FEELEY	4_	ĺ		l			1	Ì		
VICE PRESIDENT	2	X		X	_	_	<u> </u>		-··	
(4) JESSICA BENDER KROW										
VICE PRESIDENT	2	X		X	<u> </u>	_	ļ			ļ
(5) JEFFREY ALDI		1				ļ	ļ			;
TREASURER	2	X		X	_	<u> </u>	<u> </u>			<u> </u>
(6) RENEE GILINGER		1								
SECRETARY		X	<u> </u>	Х	_	<u> </u>	<u> </u>	ļ	<u> </u>	ļ
(7) LAREN PITCAIRN		l	İ					!		
PRESIDENT EMERITUS	2	X	<u> </u>	X	L_	<u> </u>	<u> </u>			ļ <u>.</u>
(8) JJ BIEL-GOEBEL		1								İ
MEMBER	2	X	<u> </u>	<u> </u>		_	<u> </u>	<u> </u>		
(9) LOUISE GIUGLIANO]				}		1		}
MEMBER		X	<u> </u>	_	1_		_	<u> </u>		<u> </u>
(10) JOSH MEYER	<u>_</u>]							1
MEMBER	2	X		<u> </u>	<u> </u>		<u> </u>	 		
(11) DAVID MINDEL				ļ	}					
MEMBER		X		_	<u> </u>	<u> </u>	 _	ļ <u> </u>	 	
(12) EVAN PAPPAS			1		}	1	}	}		
MEMBER	2	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		
(13) HERBERT PATRICK, MD		1								
MEMBER	2	X			<u> </u>		<u> </u>			
(14)TRICIA SADD	⅃ ₋			1			1			
MEMBER	2	X		L	<u> </u>	<u> </u>	丄	<u> </u>		5 000 (0044)

Part VII . Section A. Officers, Direct	ore Tru	etee	e K	av F	mn	love	-	and Highest Compensat	ed Employees/contin	ued\		age 8
Factor A. Officers, Direct	ors, mu	T	5, r		-inp C)	loye	es,	and nightest Compensar	ea Employees(contin	1		
(A) Name and title	(B) Average hours per	box an c	unle	Posineck r ss pe and a	ition nore i rson i	s both		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (desc- nbe- hours for related organi- zations in Sche- dule O)	'=	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensation the anization direlate	on ed
(15)CARRIE SARGEANT	1			 		_						
MEMBER		X	<u> </u>	╙		ļ			<u> </u>			
(16) LAURA STEIN MEMBER		v										
(17) JAY TARLER	- -	X	┢	-		├						
MEMBER		x			1	1						
(18)			 	 		-						
(19)	+	-	-		-							
(20)		-	-	-	-	-						
(21)]	-	-			-						
]	<u> </u>		<u> </u>		_				<u> </u>		
(22)												
(23)	_											
(24)	7		-									
(25)		_								- 		
1b Sub-total		<u> </u>	J	1	٠-	<u>. </u>	>	103,735.				
c Total from continuation sheets to Part \	/II, Sect	ion	A	•			>	100 705				
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limit	ed to	o the	se li	sted	abo	ve)	103,735. who received more than \$				·· ···· ··
reportable compensation from the organi									· · · · · · · · · · · · · · · · · · ·			
3 Did the organization list any former office	er, direct	or, o	r tru	stee	. ke	v em	yolq	vee, or highest compensati	ed		Ye	s No
employee on line 1a? If "Yes," complete	Schedule	e J fo	or su	ıch ıı	ndivi	dual						X
4 For any individual listed on line 1a, is the	sum of r	epoi	tabl	e co	mpe	nsat	ion a	and other compensation fr	om the organization			
and related organizations greater than \$1					•					4	<u> </u>	X
5 Did any person listed on line 1a receive of for services rendered to the organization.							-	_	ndividual		. 🕴	X
Section B. Independent Contractors	- 1 162	, 00	при	ele c	Cite	dule	3 10	si such person			<u>'</u>	1 1
Complete this table for your five highest of compensation from the organization Replyear												
(A)	oc adda	200							(B) on of services	(Compe		,
Name and busine N/A - NONE OVER \$100,0		-55						Description	ULO SELVICES	Compe	isauul	<u>'</u>
							_					
2 Total number of independent contractors	(ıncludır	ng bu	ıt no	t lım	ıted	to th	ose	listed above) who receive	d		······	
more than \$100,000 of compensation fro								- -				

`		/III Statement of Re	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
1 1 a	a .	Federated campaigns	1a					
ь)	Membership dues .	. 1b	285,328.	4.4			, ,
c	:	Fundraising events .	1c	86,125.				
d		Related organizations	1d					
e		Government grants (contributions)	1e	859,404.				
1		All other contributions, gifts, grants						
ta b c d e f g		and similar amounts not included above	1f	1287330.				
g		Noncash contributions included in	\$	13,244.		,		
		Total. Add lines 1a-1f	Ψ	13,211.	2518187.			
	_	Total. Add lines 1a-11			2310107			
2a b c d e f q				Business Code				
2a				_		 		
þ	•					 	ļ	
C	:		_ _	-		 		
d	١,			_				
e	1							
1		All other program service re	evenue .					
g		Total. Add lines 2a-2f	•					
3		Investment income (includi	ng dividends,	interest, and				
-		other similar amounts) .			322.	.}		
4		Income from investment of		ond proceeds >				
5		Royalties .						
			i) Real	(II) Personal		<u> </u>		
6a		Gross Rents	.71.00.	(ii) r ordoria.	. 、、	,,		
١.		<u> </u>						
b		Less rental expenses		 			1	
C		Rental income or (loss)	·	L		1	1	
a		Net rental income or (loss)			, , , , , , , , , , , , , , , , , , , 		 	
78		Gross amount from (i) sales of assets other than inventory	Securities	(II) Other	,			
b		Less cost or other basis and sales expenses						
c	:	Gain or (loss)		,				
d	1	Net gain or (loss)		>		[]
		Gross income from fundrai	sına events					
		(not including \$ 86,						
1		of contributions reported or						
		See Part IV, line 18		55,455.				
1.		Less direct expenses	. t	00 511				
b		Net income or (loss) from t			-34,266			1
C				- NO	J4,200			
98		Gross income from gaming		1				
þ		Less direct expenses .		·				
c		Net income or (loss) from		es ▶		<u></u>	<u> </u>	ļ
10a		Gross sales of inventory, l	ess					
		returns and allowances	•	a				
b)	Less cost of goods sold		o	ľ		,	1
0	2	Net income or (loss) from	sales of invent	tory >				<u> </u>
		Miscellaneous F		Business Code				
112	a	RADON KIT PRO			105			
b				_		 		
				-	 	 	 	
°	_	All other rous :::				 	 	
0	_			٠ـــــــــــــــــــــــــــــــــــــ	105	-		-
e	_	Total. Add lines 11a-11d					}	
12)	Total revenue. See instru	ctions .	. ▶	2484348	- }	1	1

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Part IX . Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to governments and		ŧ	, ,	`
organizations in the United States See Part IV, line 21				•
2 Grants and other assistance to individuals in		ļ		
the United States See Part IV, line 22				***************************************
3 Grants and other assistance to governments,		ŧ	}	
organizations, and individuals outside the		ŧ		
United States See Part IV, lines 15 and 16				······································
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	102 725	97 450	11 100	E 10E
trustees, and key employees	103,735.	87,450.	11,100.	5,185
6 Compensation not included above, to disqualified	}			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	719,213.	606,313.	29,746.	35,661
7 Other salaries and wages	/19,213.	606,313.	29,740.	35,661
8 Pension plan accruals and contributions (include		j		
section 401(k) and 403(b) employer contributions)	52,764.	44,481.	5,664.	2 619
9 Other employee benefits .	58,847.	49,609.	6,317.	2,619 2,921
Payroll taxes	30,047.	45,005.	0,317.	2,721
1 Fees for services (non-employees)				
a Management	4,320.	1,476.	2,844.	
b Legal	8,390.	1,470.	8,390.	
d Lobbying	0,300.		0,350.	
· · · · · · · · · · · · · · · · · · ·				
Professional fundraising services See Part IV, line 17 Investment management fees	·			
g Other	144,710.	137,891.	3,695.	3,124
2 Advertising and promotion	576,026.	575,645.	192.	189
3 Office expenses	40,283.	19,095.	19,358.	1,830
4 Information technology	10/2031			
5 Royalties				
6 Occupancy	61,088.	51,425.	6,608.	3,055
7 Travel	39,180.	35,270.	3,021.	889
8 Payments of travel or entertainment expenses	33,200.	33,2131		
for any federal, state, or local public officials			}.	
9 Conferences, conventions, and meetings .	24,397.	16,831.	6,908.	658
0 Interest	4,201.		4,201.	
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	8,594.		8,594.	· · · · · · · · · · · · · · · · · · ·
3 Insurance	9,825.	8,282.	1,055.	488
4 Other expenses Itemize expenses not covered				······································
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, col (A) amount, list line 24e expenses on Schedule O)		;	<i>'</i>	
a PRINTING & DESIGN	26,302.	24,324.	1,351.	627
b POSTAGE & MAILINGS	8,561.	7,208.	886.	467
c TELEPHONE	7,021.	5,981.	711.	329
d EQUIPMENT RENTAL	1,485.	1,252.	159.	74
e All other expenses				
Total functional expenses. Add lines 1 through 24e	1,898,942.	1,672,533.	120,800.	58,116
6 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs]	
from a combined educational campaign and	1			
fundraising solicitation Check here	ļ			
following SOP 98-2 (ASC 958-720)	į			
10110WHI g 30F 30-2 (M3C 300-120)	<u></u>			Form 990 (2011

ırt X	(2011)					Page 11
II A	, balance oneer		Т	(Δ)		(B)
						End of year
1	Cashnon-interest-bearing				1	422,165.
	-		-			43,121.
			•		 	904,458.
		•	•			
	•	ctors, trustees, key	. -	······································	1	
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6	• • • • •				www.	
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7					-	
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	•	• •	· · ·	5,394.	-	3,088.
		1. 1				
	• • • • • • • • • • • • • • • • • • • •	10a 6	0.631.			
ь				30.856.	100	22,262.
	•	<u> </u>	7,002.1			1,956.
	•	• •	-		 	2/330.
1	·		•			
	· -	•	•			· · · · · · · · · · · · · · · · · · ·
			•	3.508.	 	5,008.
	·	line 34)	<u> </u>			1,402,058.
						129,989.
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		• • • • •	<u> </u>	25,000.	-	400.
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		o dioquaimou	ļ		22	
23	• • •	od third narties	•	29.241.		22,915.
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	• •		• -			
			x			
	·	, 21, Gompioto i an	'	7.053.	25	7,035.
26	• •		}		 	160,339.
	. 	re ▶ X and				·
	_		Į			
27	•		ľ	360,031.	27	513,435.
	•	•	. }		 	728,284.
	•	•	.	······································		
		eck here ▶ ☐	.			
	_		[1	
30	_		ſ		30	
			. }		1	
32	Retained earnings, endowment, accumulated inco	•	}		32	
حد ا	-	, or ourier runds	• • • •	661,614.	33	1,241,719.
33	Total net assets or fund balances			001.014		
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cashnon-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, dire employees, and highest compensated employees Schedule L 6 Receivables from other disqualified persons (as d 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section employees' beneficiary organizations (see instruction Notes and loans receivable, net inventories for sale or use inventories for sale or use inventories for sale or use inventories for sale or use inventories for sale or use inventories Complete Part VI of Schedule D Less accumulated depreciation investmentspublicly traded securities investmentsprogram-related See Part IV, line 11 investmentsprogram-related See Part IV, line 11 investmentsprogram-related See Part IV, line 11 intengible assets 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities 12 Escrow or custodial account liability Complete Part IV accounts payable to current and former officers, directors, employees, highest compensated employees, and persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he complete lines 27 through 29, and lines 33 and Unrestricted net assets 12 Permanently restricted net assets 12 Permanently restricted net assets 13 Temporarily restricted net assets 14 Paid-in or capital surplus, or land, building, or equital and complete lines 30 through 34. 15 Capital stock or trust principal, or current funds 16 Paid-in or capital surplus, or land, building, or equital surplus, or land, building, or equital surplus and land surplus, or land, building,	1 Cashnon-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 6 b Less accumulated depreciation 11 Investmentspublicly traded securities 1 Investmentspublicly traded securities 1 Investmentspublicly traded securities 1 Intengible assets 10 Other assets See Part IV, line 11 11 Intangible assets 10 Other assets See Part IV, line 11 11 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 10 Unsecured notes and loans payable to unrelated third parties 11 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part IV of Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow SFAS 117, check here 1 And Complete lines 27 through 29, and lines 33 and 34. 12 Unrestricted net assets 13 Permanently restricted net assets 14 Organizations that do not follow SFAS 117, check here 1 and complete lines 30 through 34. 15	1 Cashnon-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(0)(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) Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a 60,631. b Less accumulated depreciation 10b 38,369 Investmentspublicly traded securities 1 Investmentspublicly traded securities 2 Investmentspublicly traded securities 2 Investmentspublicly traded securities 3 Other assets See Part IV, line 11 3 Interestmentsprogram-related See Part IV, line 11 4 Intangible assets 5 Other assets See Part IV, line 11 5 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Farve-wempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 3 Total Iliabilities. Add lines 17 through 25 3 Organizations that tollow SFAS 117, check here ▶ ☐ 3 and complete lines 27 through 29, and lines 33 and 34. 3	1 Cash-non-interest-bearing 350, 951. 2 Savings and temporary cash investments 350, 951. 3 Piedges and grants receivable, net 343, 114. 4 Accounts receivable, net 349, 950. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 7 Notes and loans receivable, net 1	1 Cash—non-interest-bearing 350,951. 1 2 Savings and temporary cash investments 43,114. 2 2 Savings and temporary cash investments 43,114. 2 3 Pledges and graints receivable, net 349,950. 3 4 Accounts receivable, net 349,950. 3 4 Accounts receivable, net 6 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4558(f)(1)), persons described in section 4558(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 7 Notes and loans receivable, net 6 8 Inventiones for sale or use 7 Preparations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 9 Preparat expenses and deferred charges 5, 3, 94. 9 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a 60, 631. 1 10b 383, 369. 30, 856. 10c 11 Investments-publicity traded securities 10b 383, 369. 30, 856. 10c 11 Investments-publicity traded securities 10b 383, 369. 30, 856. 10c 11 Investments-publicity traded securities 10b 383, 369. 30, 856. 10c 11 Investments-program-related See Part IV, line 11 11 11 11 Intangble assets 11 11 11 11 11 11 11 11 11 11 11 11 11

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4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	$\overline{(Z)}$
Total expenses (must equal Part IX, column (A), line 25)	_ <u>₩</u>
Total expenses (must equal Part IX, column (A), line 25)	348
Revenue less expenses. Subtract line 2 from line 1	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	,406
Other changes in net assets or fund balances (explain in Schedule O)	614
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	,301
Part XII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 □ Cash ☑ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	,719
Check if Schedule O contains a response to any question in this Part XII	
1 Accounting method used to prepare the Form 990· ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	abla
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	
 Were the organization's financial statements compiled or reviewed by an independent accountant?	
b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c ✓	✓
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
Schedule O.	
d. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	
d if 100 to life La di Lo, offont a box bolott to intaloato internet are intaloato internet are just internet are	
issued on a separate basis, consolidated basis, or both:	
✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
the Single Audit Act and OMB Circular A-133?	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	
Form 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer Identification number Name of the organization CLEAN AIR COUNCIL 23-1683461 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vI). (Complete Part II) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of , or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** | Type II c | Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo 11g(l) X and (iii) below, the governing body of the supported organization? X (II) A family member of a person described in (i) above? 11g(ii) 11g(iii) (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (I) Name of supported (III) Type of organization (Iv) is the org-(V) Did you (VI) is the (II) EIN notify the organization (described on lines 1-9 anization in col (vII) Amount organization organization in col (i) (i) listed in your above or IRC section of support in col (i) of organized (see instructions)) in the US? document? your support? Yes No Yes No Yes No (A) (B) (C) (D) (E) **Total**

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked 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)

Sec	tion A. Public Support						
	fendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				1		
	include any "unusual grants ")	1259741.	1003381.	1038923.	1157650.	2518187.	6977882.
2	Tax revenues levied for the organ-				,		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge .					0.	
4	Total. Add lines 1 through 3	1259741.	1003381.	1038923.	1157650.	2518187.	6977882.
5	The portion of total contributions		*	`			
	by each person (other than a						
	governmental unit or publicly		•				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		***************************************		***************************************		
6	Public support. Subtract line 5			`			
	from line 4						6977882.
Sec	ction B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1259741.	1003381.	1038923.	1157650.	2518187.	6977882.
8	Gross income from interest,					1	
	dividends, payments received on			,			
	securities loans, rents, royalties and	į.					
	income from similar sources	2,001.	420.	6,213.	521.	322.	9,477.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on .						
10	Other income Do not include gain						
	or loss from the sale of capital						100 660
	assets (Explain in Part IV)	-27,113.	-22,930.	-22,112.	-17,352.	-34,161.	-123,668.
11	Total support. Add lines 7],	, ,				
	through 10 .		:			<u> </u>	6863691.
	Gross receipts from related activities				•	12	
13	First five years. If the Form 990 is f		s first, second, thir	d, fourth, or fifth tax	x year as a section	501(c)(3)	. 🗖
	organization, check this box and sto	<u> </u>	<u> </u>	:			<u> </u>
	ction C. Computation of Pu						101 ((-
14	Public support percentage for 2011 (olumn (t)) ,		14	101.66%
15	Public support percentage from 2010	•	•			15	
16a	33 1/3 % support test2011. If the					ore, check this box	▶ [⊽]
	and stop here. The organization qua						▶ 🏻
b	33 1/3 % support test2010 If the						; ▶□
	box and stop here. The organization						. •
17a	10%-facts-and-circumstances te						
	more, and if the organization meets t						
	organization meets the "facts-and-cit						▶ ∐
b	10%-facts-and-circumstances te						1% Or
	more, and if the organization meets t						. 🗆
	organization meets the "facts-and-cil						▶
18	Private foundation. If the organizat	ion did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box an	d see instructions	▶

Part III Support

Support Schedule for Organizations Described in Section 509(a)(2)

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

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Sec	ction A. Public Support		·				
	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 , .				<u></u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$ 5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						1
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 .				ļ <u> </u>		
10a	Gross income from interest,		İ			}	1
	dividends, payments received on						
	securities loans, rents, royalties and					,	
	income from similar sources						
Ð	Unrelated business taxable income	}	}	ł		1	
	(less section 511 taxes) from businesses						
_	acquired after June 30, 1975		 	 	 -	 	ļ
	Add lines 10a and 10b			 	 	ļ	
11	Net income from unrelated business activities not included in line 10b.					}	
	whether or not the business is						
	regularly carried on .		4	ļ.	1		
12	Other income Do not include gain			 		 	
-	or loss from the sale of capital	1	1		1		
	assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)	ļ	l				
14	First five years. If the Form 990 is for	or the organization'	's first, second, thi	rd, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and sto	<u> </u>			. <u> </u>		
	ction C. Computation of Pul					·, ·, ·	
•-	Public support percentage for 2011 (•	olumn (f)) .		15	%
	Public support percentage from 2010				· _ · _ · · · ·	16	<u> </u>
Se	ction D. Computation of Inv						0.0000-
17	Investment income percentage for 20	•		ie 13, column (f))	•	17	0.0000%
18	Investment income percentage from			on line 14 and her		1/3 % and line	
19a	33 1/3 % support tests2011. If th						
b	17 is not more than 33 1/3 %, check 33 1/3 % support tests2010. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is mo	re than 33 1/3 %, a	· · P 📙
	line 18 is not more than 33 1/3 %, ch						▶
20	Private foundation. If the organization	ion did not check a	box on line 14, 19	a, or 19b, check th	is box and see inst	ructions	▶ []

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part IV Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions) PART II, LINE 10: On September 10, 2011 Clean Air Council held the 6th Annual Greenfest Philly, though this was the first time with the Council in charge. street festival, which aimed to educate the public on how to live more sustainably, took place in South Philadelphia's Headhouse Square. Thousands enjoyed the event which featured exhibitors offering environmental services or products; "Green Innovators," which were a select group of start-up organizations with compelling missions of sustainability; electric vehic.test drives; a Kid's Zone; and live music Clean Air Council held its 31st Annual Run for Clean Air on April 21, 2012 on Martin Luther King, Jr. Drive near the Philadelphia Museum of Art. New for 2012 was a 3K Walk. With over 1,900 runners and walkers registered, the Run continued to be a popular event &the largest Earth Day race in the area. The race continued to be green certified and generated nearly zero waste. The race raised over \$102,000, for a net income of \$53,000.

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form's 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. 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 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number **CLEAN AIR COUNCIL** 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. 2 3 Volunteer hours . . . Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 . . . 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955. 0 Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes 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). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, 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 (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address 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)

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	i Form 5768 (ele	ction under
A	CI	heck >		ongs to an affiliated group (and list in Part IV esses, and share of excess lobbying expenditur		oup member's
<u>B</u> _	CI	heck 🕨	□ If the filing organization che	cked box A and "limited control" provisions a	pply.	
				ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	1a	Total I	obbying expenditures to influence	public opinion (grass roots lobbying)	30000	
	b	Total I	obbying expenditures to influence a	a legislative body (direct lobbying)	30000	
	С	Total I	obbying expenditures (add lines 1a	and 1b)	60000	
	d	Other	exempt purpose expenditures		1838942	
	е	Total e	exempt purpose expenditures (add	lines 1c and 1d)	1898942	
	f	Lobby colum	·	he amount from the following table in both	241947	
	[If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		\overline{A}
		Not ove	er \$500,000	20% of the amount on line 1e.		
	ľ	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	į	
		Over \$1	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
		Over \$1	7,000,000	\$1,000,000		
_	g	Grassi	roots nontaxable amount (enter 259	% of line 1f)	60487	
	h	Subtra	act line 1g from line 1a. If zero or les	ss, enter -0-	0	
	i	Subtra	act line 1f from line 1c. If zero or les	s, enter -0	0	
	j		e is an amount other than zero ing section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobby	ring Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008 (b) 2009		(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	164,849	163,204	167,989	241,947	737,989
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures	20,000	20,000	36,500	60,000	136,500
d	Grassroots nontaxable amount	41,212	40,801	41,997	60,487	184,49
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures	10,000	10,000	21,500	30,000	71,500

Schedule C (Form 990 or 990-EZ) 2011

_	٠
Page	٠

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).					
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)	
of the	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:		4			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			,		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	!				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i :	Other activities?	27.1				
j 2a	Total Add lines 1c through 1i			fallen i sår i		,
b	If "Yes," enter the amount of any tax incurred under section 4912			ويرون والمار		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	[
ď						9 19 80 19
Part		(5), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)		<u></u>	3	Ь	1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	3, is
1 2	Dues, assessments and similar amounts from members	of	1 2/15 2/15			
а	Current year	•	_2a			
b	Carryover from last year		2b			
C	Total		2c	ļ		
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		3			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	art I	I-A; a	nd Parl	II-B,	line
1 Als	o, complete this part for any additional information.					
						.

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate Instructions.

OMB No 1545-0047

2011

Open to Public Inspection

	SOT THE OF GANGE TO THE STATE OF THE STATE O		Employer Identification number 23-1683461
Pa		end Funds or Other Similar F	
	the organization answered "Yes" to Form 990, Part		urius of Accounts. Complete ii
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 23.00	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised
	funds are the organization's property, subject to the organization	-	. Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	е
	used only for charitable purposes and not for the benefit of the	he donor or donor advisor, or for any oth	er
	purpose conferring impermissible private benefit?	<u> </u>	Yes No
Pa	t II Conservation Easements. Complete if the		90, Part IV, line 7
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or ed	· H	orically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
_	Preservation of open space	for the contract of the form	
2	Complete lines 2a through 2d if the organization held a quali- easement on the last day of the tax year	tied conservation contribution in the form	n of a conservation
	easement off the last day of the lax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during
	the tax year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		f
	violations, and enforcement of the conservation easements		. U Yes U No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, and ▶ \$	enforcing conservation easements during	ng the year
_	· 	and actions the requirements of acetion	
8	Does each conservation easement reported on line 2(d) about $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$?	ove satisfy the requirements of section	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conserva	ition easements in its revenue and exper	ليا ليا
3	balance sheet, and include, if applicable, the text of the footi		
	the organization's accounting for conservation easements	-	
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" to For	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A		
	works of art, historical treasures, or other similar assets held		
	public service, provide, in Part XIV, the text of the footnote t		
b	If the organization elected, as permitted under SFAS 116 (A	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar assets held		arch in furtherance of
	public service, provide the following amounts relating to the	se nems	▶ €
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tri		ciai gain, provide the
_	following amounts required to be reported under SFAS 116	(MOC 300) relating to these items.	▶ \$
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$
	Added molecular to the coo, talk A		*

Schedule D ((Earm 000)	2011
ochedule b ((FOIIII 990)	2011

Par	t III Organizations Maintai	ning Collections o	f Art, Historica	al Treasu	res, or Ot	her Simila	ır Assets	(continued)
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and other recor	ds, check any of th	e following t	hat are a sigr	nificant use of	its	
а	Public exhibition	d ∏	Loan or exchange	programs				
b	Scholarly research	e H	Other					
С	Preservation for future generation	ns						-
4	Provide a description of the organization	on's collections and expla	in how they further	the organiza	ation's exemp	ot purpose in		
5	During the year, did the organization s		•	•				
_	assets to be sold to raise funds rather		·				. [] Ye	es No
Par	Escrow and Custodia IV, line 9, or reported an amor			nization ansi	wered "Yes"	to Form 990, I	Part	
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	sustodian or other interme	•	ons or other	assets not		. Ye	es 🗍 No
b	If "Yes," explain the arrangement in Pa						Amount	
_	Beginning balance				-		Amount	
ا	Additions during the year				1			
d					· —	d		
e	Distributions during the year				_	e		
20	Ending balance	t on Form 000 Bost V Ivo	. 012	•	. 1	<u> </u>		D Na
2a	Did the organization include an amount		ezir .				∐ Ye	es [] No
	If "Yes," explain the arrangement in Part V Endowment Funds. O				D = + 1\(1 = +			
FE	t V Endowment Funds. C	1		1		1		(e) Four
	December of the bolomer	(a) Current year	(b) Pnor year	(C) Iwo	years back	(d) Three	/ears back	(e) Four years back
1a	Beginning of year balance			ļ		 		
b	Contributions ,							
С	Net investment earnings, gains,							Į
	and losses				·	ļ		
	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses	·····				 		
g g	End of year balance			 		· · · · · · · · · · · · · · · · · · · ·		***************************************
2	Provide the estimated percentage of the	ne current year end halan	ce (line 1g. column	(a)) hold as		_1		1
a	Board designated or quasi-endowmen	•	ce (iii e 19, coluitii)	(a)) Hold as	'			
	Permanent endowment	%						
Ь	Temporarily restricted endowment							
С	• •	%						
٥-	The percentages in lines 2a, 2b, and 2		tune that are hald	and adminis	stared for the			
3a	Are there endowment funds not in the organization by	possession of the organi.	zation that are neio	and adminis	stered for the			Yes No
	•						0-40	
	(I) unrelated organizations						. 3a(l)	
_	(II) related organizations					• •	3a(ll)	
_	If "Yes" to 3a(ii), are the related organ	· ·			•		. 3b	<u> </u>
4	Describe in Part XIV the intended use:							
Pal	t VI Land, Buildings, and	Equipment. See For	m 990, Part X, line	10				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or obasis (oth	1	(C) Accur depreci		(d) Boo	k value
1a	Land							
þ	Buildings							
c	Leasehold improvements							
d	Equipment		60	,631.	31	3,369.	2	2,262.
ее	Other	1						
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 990, Pa	art X, column (B), li	ne 10(c).)		🕨	2	2,262.

Part VII InvestmentsOther Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(C) Method of Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) EQUITY SECURITY	1,956.	F	
(B)			
(C)			
(D)		·	
(E)			
(F)			
(G)			
(H)		 	
	1,956.	······································	······································
Part VIII Investments—Program Related.		······································	
(a) Description of investment type	(b) Book value	(C) Method of Cost or end-of-year	
(1)			
(2)	 		
(3)			
(4)	 		
(5)			
(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, III	ne 15.		
	scrption		(b) Book value
(1) SECURITY DEPOSITS			5,008.
(2)			
(3)			
(4)			
(5)			
(6)			·
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin		<u>. </u>	5,008.
Part X Other Liabilities. See Form 990, Part			
1. (a) Description of hability	(b) Book value	<u> </u>	
(1) Federal income taxes		025	
(2) DUE TO OTHER ENTITIES		035.	
(3)			
(4)			•
(5)			
(6)			,
(7)			•
(8)			
(9)			_
(10)			•
(11) Table (Calume (b) must equal Form 000, Bort X, eq. (B) line	7	035.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the tex			orts the
2. Fire 40 (A30 740) Footbole in Fait Aiv, provide the tex	AL OF THE TOURIOR TO THE OTGATHZATION	o manour statements that top	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

1	t XI Reconciliation of Change in Net Assets from Form 9	ISU TO A	uaitea Einancia	LI STOTA	
1	T-4-1 (F 000 D+)/III (A) 1 40)		adicod / illaliole		
	Total revenue (Form 990, Part VIII, column (A), line 12)		•	1	2,484,348.
2 ·	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,898,942.
3	Excess or (deficit) for the year Subtract line 2 from line 1	•	• • • }	3	585,406. -5,301.
4	Net unrealized gains (losses) on investments			4	-5,301.
5 6	Investment expenses	•	}	6	
7	Prior period adjustments		}		
8	Other (Describe in Part XIV.)			7	
9	Total adjustments (net) Add lines 4 through 8		•	8	-5,301.
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	ond O		10	580,105.
	t XII Reconciliation of Revenue per Audited Financial Sta		With Revenue		
1	Total revenue, gains, and other support per audited financial statements	CITIOTIC	3 Willi Hovella	1	2,479,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			'	2/ 1/3/01/1
а	Net unrealized gains on investments	2a	-5,301		
b	Donated services and use of facilities	2b		7 1	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		1 1	
e	Add lines 2a through 2d			7 2e	-5,301.
3	Subtract line 2e from line 1	• •	• •	3	2,484,348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	• •		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	•	5	2,484,348.
Pai	XIII Reconciliation of Expenses per Audited Financial St	atemen	ts With Expens	es per	
1	Total expenses and losses per audited financial statements	<u> </u>		111	1,898,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7 1	
С	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d		7 1	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,898,942.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV)	4b		7	
	Add lines 4a and 4b	 		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,898,942.
Pai	t XIV Supplemental Information				— ——
Com and :	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part eart to provide any additional information				
~					
		·			-,
		-	<u></u>	-	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding

OMB No 1545-0047

Inspection

2011

Open to Public

Department of the Treasury Internal Revenue Service

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.

Employer Identification number

Name of the organization					Employer identification	number
CLEAN AIR COUNCIL				·	23-1683461	
Part I Fundraising Activities. Con			d "Yes"	to Form 990, Part IV,	line 17	
Form 990-EZ filers are not re						
1 Indicate whether the organization rais	sed funds through any o	of the follow	wing act	ivities Check all that a	apply	
a Mail solicitations	e 📙	Solicitation	n of non	-government grants		
b Internet and email solicitations	f 📙	Solicitatio	n of gov	ernment grants		
c Phone solicitations	g 📙	Special fu	ndraisin	g events		
d In-person solicitations	_					
2a Did the organization have a written or	r oral agreement with a	ny individu	al (ınclu	ding officers, directors	s, trustees	
or key employees listed in Form 990,	Part VII) or entity in co	nnection v	vith profe	essional fundraising se	ervices? Yes	No
b If "Yes," list the ten highest paid indiv	iduals or entities (fundr	aisers) pui	rsuant to	agreements under w	hich the fundraiser is to be	-
compensated at least \$5,000 by the o						
(i) Name and address of individual	(ii) Activity	(III) fundraise	Did	(IV) Gross receipts	(V) Amount paid to	(VI) Amount paid to
or entity (fundraiser)	(II) Activity	custoo	iyor Ì	from activity	(or retained by)	(or retained by)
		contro			fundraiser listed in col (i)	organization
	· · · · · · · · · · · · · · · · · · ·	Yes	No		<u> </u>	
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			-			
Total	<u> </u>	_	. ▶			
3 List all states in which the organization	on is registered or licen:	sed to sole	cit contri	butions or has been n	otified it is exempt from	
registration or licensing						
						····
						
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OT DAN ATD CONTEST					Employer Identification	number	
CLEAN AIR COUNCIL					23-1683461		
Part 1 Fundraising Activities. Com Form 990-EZ filers are not re			ed "Yes"	to Form 990, Part IV,	line 17.		
				tuution Chook all that	anniu .		
					appiy		
a Mail solicitations	P-4			n-government grants			
b Internet and email solicitations	P***			ernment grants			
c Phone solicitations	g [_	Special fu	ındraısır	ng events			
d ln-person solicitations							
2a Did the organization have a written or	oral agreement with ar	ıy ındıvidi	ıal (ınclı	uding officers, directors	s, trustees	_	
or key employees listed in Form 990,	Part VII) or entity in cor	nnection v	vith prof	essional fundraising s	ervices? Yes	No	
b If "Yes," list the ten highest paid indivious compensated at least \$5,000 by the compensation.		aisers) pu	rsuant t	o agreements under w	hich the fundraiser is to be	•	
		(III) Did (IV) Gross receipts			(V) Amount paid to (VI) Amount paid to		
(I) Name and address of individual or entity (fundraiser)	(II) Activity	fundraiser have custody or		from activity	(or retained by)	(or retained by)	
or entity (tundraiser)	{	contribu	of of		fundraiser listed in col (I)	organization	
	 				COI (1)	 -	
	1	Yes	No			[
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7						ĺ	
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Total			.		1		
3 List all states in which the organization	on is registered or licens	ed to soli		ributions or has been r	notified it is exempt from	1	
registration or licensing	or is registered or licens	eu 10 son	CII COIII	indutoris of rias been t	otined it is exempt from		
	 				 _		
							
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	than \$15,000 of fundraising	event contributions and gross		rt IV, line 18, or reported more ines 1 and 6b List events with	
•	gross receipts greater than s	\$5,000 (a) Event #1 RUN	(b) Event #2	(C) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	141,570.			141,570.
2	Less Charitable contributions	86,125.			86,125.
3	Gross income (line 1 minus line 2)	55,445.			55,445.
4	Cash prizes .	3,869.			3,869.
5	Noncash prizes .	1,949.			1,949.
6	Rent/facility costs		<u> </u>		
7	Food and beverages .	6,000.			6,000.
8	Entertainment	594.			594.
9	Other direct expenses	77,299.			77,299.
10 11	Net income summary Combine	e line 3, column (d), and line 1	10	or reported more	89,711.)
_	than \$15,000 on Form 990-I		(h) Pull tabelinstant	(c) Other gaming	(d) Total gaming (add
		(a) Billigo	bingo/progressive bingo	(c) One gaming	col (a) through col (c))
1	Gross revenue .				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses .				
6	Volunteer labor	Yes %	Yes	% Yes9	6
7	Direct expense summary Add	lines 2 through 5 in column (d)		(
8	Net gaming income summary	Combine line 1, column d, an	d line 7	<u>.</u>	
					Yes No
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 Enclusive Sence	2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add Net income summary Combine Gaming. Complete if the orditan \$15,000 on Form 990-1 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add 8 Net gaming income summary Enter the state(s) in which the organizes	RUN (event type) 1 Gross receipts 141,570. 2 Less Charitable contributions 86,125. 3 Gross income (line 1 minus line 2) 55,445. 4 Cash prizes 3,869. 5 Noncash prizes 1,949. 6 Rent/facility costs 6,000. 8 Entertainment 594. 9 Other direct expenses 77,299. 10 Direct expense summary Add lines 4 through 9 in column (or Net income summary Combine line 3, column (d), and line Gaming. Complete if the organization answered "Yes" to than \$15,000 on Form 990-EZ, line 6a (a) Bingo (a) Bingo 6 Volunteer labor Yes % 1 Gross revenue Yes % 6 Volunteer labor Yes % No Yes % No No Yes % No No Yes % No No Yes % No No Yes % No No Yes % No Yes Yes % No Yes Yes % No Yes Yes Yes % No Yes Yes Yes Yes Yes Yes Yes Yes Yes	RUN (event type) (event type)	RUN (event type) (event type) (cotal number) 1 Gross receipts 141,570. 2 Less Charitable contributions 86,125. 3 Gross income (line 1 minus line 2) 55,445. 4 Cash prizes 3,869. 5 Noncash prizes 1,949. 6 Rent/facility costs 7, 299. 7 Food and beverages 6,000. 8 Entertainment 594. 9 Other direct expenses wirmmary Add lines 4 through 9 in column (d) 1 Net income summary Combine line 3, column (d), and line 10

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain._

che	dule G (Form 990 or 990-EZ) 2011		Page 3
11	Does the organization operate gaming activities with nonmembers?	. Yes	s 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	s No
13	Indicate the percentage of gaming activity operated in	1	
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
	City, State and Zipcode ▶		
45-			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	П у.	
_	revenue?	Ye:	s 📙 No
D	, , , , , , , , , , , , , , , , , , , ,		
_	amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party.		
·	11 Tes, enter hame and address of the time party		
	Name ▶		
	Address ▶		
	City, State and Zipcode ▶		
16	Gaming manager information		
	Carring Harager Information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	. Ye	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	1e:	S 140
b	spent in the organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,		
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this		
	part to provide any additional information (see instructions)		

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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.

2011
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
CLEAN AIR COUNCIL

Employer Identification number 23-1683461

PAGE 2, LINE 4d: OTHER PROGRAM SERVICES:			
Global Warming Education (Expenses: \$91,285): Clean Air Council			
provided infor.to the public on global climate change, particularly			
the health and environmental impacts it will have on the region. The			
Council urged federal policy makers to pass meaningful greenhouse			
gas laws to curb global climate change and as a means to develop new			
green jobs. The Council also acted to support the U.S. Environmental			
Protection Agency in its passage of regulations to reduce greenhouse			
gas and other emissions.			
Energy Education (Expenses: \$57,520): Clean Air Council promoted			
energy efficiency and switching to renewable sources of energy (solar			
and wind) to residents and businesses. It successfully helped get tax			
credits for wind energy extended in Pennsylvania and it advocated for			
off-shore wind in Erie, PA.			
WASTE REDUCTION & ENVIRONMENTAL HEALTH			
(EXPENSES: \$12,908): Clean Air Council worked to increase residential			
recycling in the city of Philadelphia as part of The Recycling			
Alliance of Philadelphia.			
PART VI, SECTION B, POLICIES:			
THE ORGANIZATION PERIODICALLY REVIEWS ITS POLICIES REGARDING CONFLICT			
OF INTEREST AND WHISTLEBLOWER BY DISCUSSING AT STAFF AND BOARD			

Name of the organization	Employer Identification number
CLEAN AIR COUNCIL	23-1683461
•	
MEETINGS. BOARD MEETINGS ARE ALSO WHEN ANY RAISES FOR	THE EXEC DIR.
ARE DISCUSSED AND APPROVED.	
A DRAFT OF THE 990 IS SUPPLIED TO THE EXEC DIRECTOR AN	ID THE CFO. THEY
REVIEW IT AND PRESENT IT TO THE BOARD OF DIRECTORS, MA	INLY THE
TREASURER, FOR APPROVAL.	
PAGE 6, SECTION 6: THE ORGANIZATION WILL	
MAKE ANY PUBLIC DOCUMENT AVAILABLE UPON THE WRITTEN RE	QUEST SENT TO
ITS OFFICE.	
PAGE 12, PART XI, LINE 5: OTHER CHANGES IN NET ASSETS	REPRESENTS
UNREALIZED GAINS ON MARKETABLE SECURITIES.	
	