**** PUBLIC INSPECTION COPY ****



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

2 2 **Open to Public**

OMB No. 1545-0047

		the Treasury		security numbers on this form			Open to Public Inspection	
A For the 2021 calendar year, or tax year beginning and ending								
B	Check if	C Name o	f organization			D Employer ide	ntification number	
	applicable	¢	•					
	Addres	S AMER	ICAN GAS ASSOCIATI	ON				
	Name	Doing b	ousiness as			13-043	1590	
	Initial return	Number	r and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone nur		
	Final return/		N CAPITOL ST NW		450	202-82		
	termin- ated	City or 1	town, state or province, country, and			G Gross receipts \$	41,494,768.	
	Amend	WASH	IINGTON, DC 20001-			H(a) Is this a grou	77	
	Applica tion pendin		and address of principal officer: KA	REN HARBERT		for subordina		
		SAME	AS C ABOVE		507	H(b) Are all subordinat		
-		mpt status:	501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1)) or 527	If "No," attac	tion number	
			AGA • ORG X Corporation Trust	Association Other	I Vear	of formation: 197	1 M State of legal domicile: DE	
		Summary					- III claim critigas	
10000			be the organization's mission or mos	t significant activities: AGA	IS AN	ADVOCATE F	OR NATURAL	
6		GAS UTI	LITY COMPANIES AND	THEIR CUSTOMER	S. AGA	HELPS NATU	URAL GAS	
Governance	2	Check this bo	if the organization disc	ontinued its operations or dispo	osed of more	than 25% of its net	assets.	
Ver	3	Number of vo	ting members of the governing body				3 50	
ອີ	4	Number of inc	dependent voting members of the go	overning body (Part VI, line 1b)			4 49	
Activities &	5		of individuals employed in calendar				<u>5 110</u> 6 5171	
vitie	6		of volunteers (estimate if necessary)				100 000	
Acti	7a -		d business revenue from Part VIII, c				7a <u>426,903.</u> 7b 66,699.	
_	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11		Prior Year	Current Year	
	1.14). 0.	
9	8		and grants (Part VIII, line 1h)			30,287,406		
Revenue	9 1	Program servi		L and 7d\		1,159,675		
Rev	10	nvestment in	come (Part VIII, column (A), lines 3, 4 e (Part VIII, column (A), lines 5, 6d, 80	, and 70)		1,086,390		
_	111 (Other revenue	- add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		32,533,471		
_	12	Create and sit	milar amounts paid (Part IX, column	(A), lines 1-3)		547,950	654,065.	
	13 (14 E	Bonofite naid	to or for members (Part IX, column (A), line 4)		-). 0.	
	45 0	Salaries other	r compensation, employee benefits	Part IX, column (A), lines 5-10)		19,672,802		
ses	16a F	Professional fu	undraising fees (Part IX, column (A),	line 11e)). 0.	
Expenses	ьт	otal fundraisi	ing expenses (Part IX, column (D), lir	ne 25) 🕨	0.	10 707 170	12 520 225	
Ĕ	17 0	ther expense	es (Part IX, column (A), lines 11a-11d	, 11f-24e)		<u>10,707,176</u> 30,927,928		
	18 T	otal expense	s. Add lines 13-17 (must equal Part	X, column (A), line 25)		1,605,543		
		Revenue less	expenses. Subtract line 18 from line	12		inning of Current Yes		
Net Assets or Fund Balances						48,172,266		
sets alan	20 T					18,288,106		
tAs	21 T	otal liabilities	(Part X, line 26)	line 20		29,884,160		
		O'	und balances. Subtract line 21 from					
Pa	rtll	Signature	declare that I have examined this return,	including accompanying schedule	s and stateme	nts, and to the best of	my knowledge and belief, it is	
Unde	r penalti	es of perjury, I	Declaration of preparer (other than office	er) is based on all information of w	hich preparer l	nas any knowledge.	A	
true,	correct,	and complete.	Deciaration of preparer (other than enter					
Signature of officer Date								
Sign			I OLIVA, CHIEF FIN	ANCIAL OFFICER	Sec. 199			
Here	Sec. 1	Type or pr	rint name and title				DTIN	
		Print/Type prepa		Preparer's signature	00 1	ate Check		
Paid		T.TZABE1	TH W. HELLER	cligsannt	eller 1	1/12/22 self-en	10 004 1005	
Prepa		irm's name	RSM US LLP	0		Firm's EIN	42-0714325	
Use (irm's address	1250 H STREET, ST	JITE 700			202-293-2200	
			NTA CHITNICHON DC 2	0005		Phone no. 4	404-499-4400	

WASHINGTON, DC 20005 May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2021)

No

X Yes

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service	 File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. 	
	You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the	8

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or						n number (TIN)
print	AMERICAN GAS ASSOCIATION				13-043	31590
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, 400 N CAPITOL ST NW, 450	see instruc	tions.		10 01	
return. See instructions.	City, town or post office, state, and ZIP code. For a washing TON, DC 20001-1503	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1
Applicatio		Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A	- 25 J		08
Form 472	0 (individual)	03	Form 4720 (other than individual)		1. B.	09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
Form 990	-T (corporation)	07		Car ways		
box ▶ [1 I red the ▶[2 If th	s for a Group Retum, enter the organization's four digit . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2021 or tax year beginning tax year entered in line 1 is for less than 12 months, or Change in accounting period	and attant	Ach a list with the names and TINs of MBER 15, 2022 , to file return for: Ind ending on: Initial return	all membe	ers the extens opt organization	sion is for.
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter any	refundable credits and	Ja	Ψ	0.
estimated tax payments made. Include any prior year overpay				3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p						
using EFTPS (Electronic Federal Tax Payment System). Se				30	\$	0.
Caution: I instructior	If you are going to make an electronic funds withdrawa	l (direct det	oit) with this Form 8868, see Form 84			

		13-0431590	Page
Par	990 (2021) AMERICAN GAS ASSOCIATION t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the emerization's mission:		
	THE AMERICAN CAS ASSOCIATION FOUNDED IN 1918, REPRESENT	S MORE THAN	
	200 LOCAL ENERGY COMPANIES THAT DELIVER CLEAN NATURAL GA	S THROUGHOUT	
	THE UNITED STATES. THERE ARE MORE THAN 77 MILLION RESIDE	NTIAL,	at the second second
	COMMERCIAL AND INDUSTRIAL NATURAL GAS CUSTOMERS IN THE U	.S., OF WHIC	H
	COMMERCIAL AND INDUSTRIAL NATORAL GAS COSTOMINE In the		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	XN
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	Vec	XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	na
	revenue, if any, for each program service reported.		-
4a	(Code:) (Expenses \$) (Revenue) (Revenue	ue \$	-
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	COMMITTER, THESE COMMITTEES FOCUS ON HELPING NATURAL GAS	OTILITIES	
	ACHIEVE OPERATIONAL EXCELLENCE IN THE SAFE, RELIABLE AND	EFFICIENT	
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Form 990 (2021)	AMERICAN	GAS	ASSOCIATION
Part IV Checklist	of Required Scheo	lules	

			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	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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," 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	÷	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, for escrow or custodial account liability, 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- decord	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.			
a				
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	5 - 5		
	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	Same of
f				
	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		-3 ^{−1}	-
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1000	_
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	- 2.2	15.1	
			v	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	X	-
15	이 나가 감사했다. 그는 방법에서는 것을 것 같아요. 없는 것은 것은 것은 것을 많은 것은 것은 것은 것은 것은 것은 것은 것이 같아요. 정말을 했다. 것은 것은 것은 것은 것 같아요. ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	40	v	
	foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	
16				
	or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		¹	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		(1	v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		TF	
-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	-

-

Form 990 (2021)

Form 990 (2021) AMERICAN GAS ASSOC Part IV Checklist of Required Schedules (continued) AMERICAN GAS ASSOCIATION

	(contract)		Mar	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		3	
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			L
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		NT /	-
	Schedule L, Part I	25b	N/	<u>A</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>A</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part III	E 1		1
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			No. ANTINA ST
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	1	х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			10
	contributions? /f "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	St. S.	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1000 N	•
34		24	x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>34</u> 35a	X	
	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1000	1. P
	If "Yes." complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a	19/22/22/22/24	Li	A. S. S.
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0	1212	a de

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form Par	990 (2021) AMERICAN GAS ASSOCIATION 13-043	L59() F	Page 5
Fai	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Sec.		
	filed for the calendar year ending with or within the year covered by this return 2a 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			all and
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			01
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	a cierci		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	0	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A		Sectors	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	the state of the state of the	and the second
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			1.00
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/2	7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10 cz -	and shares	200 ·
	sponsoring organization have excess business holdings at any time during the year? N/A	8	STATE I	1910
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0.0	Sec. 1	
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90	12-15	No. Con
10	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a 5	a statistic to the term of the statistic statistics of all the statistics and the second statistics and the statistics	1		-
ь 11	Section 501(c)(12) organizations. Enter:			
 a	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)	Ten .		
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1200	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			1.6
b	Enter the amount of reserves the organization is required to maintain by the states in which the			31.
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		- BEST	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	199	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	x	
	If "Yes," see the instructions and file Form 4720, Schedule N.			1-10
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		-	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17	_	
	If "Yes," complete Form 6069.	No.		100

b	b Enter the number of voting members included on line 1a, above, who are independent 1b 49								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct				Τ				
	of officers, directors, trustees, or key employees to a management company or other person?		3						
4									
5									
6			6	X	T				
7a									
	more members of the governing body?		7a	x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholo				t				
-	persons other than the governing body?		7b	x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the			and the	1 and				
	The governing body?		8a	x	1000				
b			8b	X	t				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			-	t				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C				-				
	This Section B requests information about policies not required by the internal network of	0000./		Yes	Γ				
102	Did the organization have local chapters, branches, or affiliates?	[10a		1				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a	bracteristic concernation and services and the service of the serv			Γ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
119	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 								
12a									
b	the second s								
c	and a standard standard and an end and an end and the second standard standar								
•	on Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approval by inde				2000				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		and a		- ANA				
а	The second stands OFO. Executive Director, or ton management official		15a	X					
	Other officers or key employees of the organization		15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a	2		Sec.				
	taxable entity during the year?		16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	icipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Said S						
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE		_						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(section 501(c)(3)s (only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial								
	statements available to the public during the tax year.								
20 State the name, address, and telephone number of the person who possesses the organization's books and records									
	DOUG ALLEN - 202-824-7000								
	400 N CAPITOL ST NW, 450, WASHINGTON, DC 20001-1503			1					

AMERICAN GAS ASSOCIATION

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 on Schedule O.

13-0431590 Page 6

50

1a

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Form 990 (2021)

Yes No

X

X

Х

х

X

Yes No х

X

Х

Form 990 (2021)

orm 990 (2021)	AMERICAN	GAS A	SSOCIAT	ION		13-
Part VII Compensation	n of Officers, D	Directors,	Trustees,	Key Employ	ees, Highest	Compensated

Employees, and Independent Contractors

F

Check if Schedule O contains a response or note to any line in this Part VI	
	rees

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one) than (-	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is both	han	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8		1	sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	related organizations	ustee	trust			ubeus		1099-NEC)	1099-NEO)	and related
	below	dual ti	tional		nploy	st cor	5	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN HARBERT	35.00			Ť	-				and a second	
PRESIDENT & CEO	A 25 100	X	-	X	T CHE	S.M.		2,480,041.	0.	373,017.
(2) LORI TRAWEEK	35.00		2.14		-	200				
CHIEF OPERATING OFFICER		1		X				846,869.	0.	260,554.
(3) KEVIN HARDARDT	35.00	1					1997			
CHIEF FINANCIAL & ADM OFF (TO 6/21)				X	12	1		936,566.	0.	157,139.
(4) CHRISTINA SAMES	35.00				2.2	100	1			
SVP, O&E	A teru 3		×.	- 5	х	1		503,150.	0.	176,137.
(5) MIKE MURRAY	35.00						1000 1890 1000 1000			
GENERAL COUNSEL						X	6	488,671.	0.	71,491.
(6) GARY GARDNER	35.00				3		1.000			
VICE PRESIDENT & CORP SEC (TO 12/21)			_	х	1			440,527.	0.	109,943.
(7) GEORGE LOWE	35.00									
VP, GOVERNMENT RELATIONS		1				X		447,934.	0.	81,900.
(8) JENNIFER O'SHEA	35.00						-			
VICE PRESIDENT, COMMUNICATIONS	Contraction of the					X		287,647.	0.	92,352.
(9) MEGAN DUNN	35.00					-			•	
VICE PRESIDENT, TALENT OPERATIONS					_	X		279,263.	0.	59,195.
(10) SUE FORRESTER	35.00					Creves.			•	21 000
VICE PRESIDENT, ADVOCACY & OUTREACH			- 24			X		287,150.	0.	31,262.
(11) TERRI OLIVA	35.00			-						12 044
CHIEF FINANCIAL OFFICER (FROM 8/21)			-	X				177,838.	0.	13,844.
(12) EDITH NAEGELE	35.00			1					•	0 000
VICE PRESIDENT & CORP SEC(FROM 11/21				X				101,996.	0.	8,009.
(13) DAVID H. ANDERSON	5.00						1			0
CHAIR	-	X	-	X	-			0.	0.	0.
(14) KIMBERLY S. GREENE	4.00			1						
FIRST VICE CHAIR		X		X		1	-	0.	0.	0.
(15) SUZANNE SITHERWOOD	3.00									
SECOND VICE CHAIR		X		X		_		0.	0.	0.
(16) DIANE LEOPOLD	2.00									
IMMEDIATE PAST CHAIR		X						0.	0.	0.
(17) KURT ADAMS	1.00								_	
		X						0.	0.	0.
DIRECTOR					1.11					Form 990 (2021)

132007 12-09-21

0431590

Page 7

Form 990 (2021) AMERICAN GAS ASSOCIATION 13-0431590 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (C) (E) (D) Position Name and title Average Reportable Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation or director hours for from the (W-2/1099-MISC/ organization related istitutional trustee (W-2/1099-MISC/ 1099-NEC) organization trustee (organizations 1099-NEC) and related ey employee ndividual lighest co imployee below organizations Officer ormer line) (18) KEVIN AKERS 1.00 DIRECTOR 0. 0. х 0. (19) WILLIAM J. AKLEY 1.00 DIRECTOR X 0. 0. 0. (20) FRANK ALMARAZ 1.00 DIRECTOR X 0. 0. 0. (21) ARUN BANSKOTA 1.00 DIRECTOR х 0. 0. 0. (22) DAVID P. BAUER 1.00 DIRECTOR X 0. 0. 0. (23) ROBERT F. BEARD 1.00 DIRECTOR X 0. 0. 0. (24) LONNIE E. BELLAR 1.00 DIRECTOR X 0 0. 0. (25) KELCEY A. BROWN 1.00 DIRECTOR X 0. 0. 0. (26) TIMOTHY P. CAWLEY 1.00 DIRECTOR 0. 0. 0. 1434843. 7.277.652. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 7,277,652. 0. 1434843. d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 57 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 rendered to the organization? If "Yes." complete Schedule J for such person X 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 1 the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation COMMUNICATIONS ADFERO 1101 15TH STREET, NW, WASHINGTON, DC 20005 CREATIVE SERVICES 410,909. ICF RESOURCES, LLC 9300 LEE HIGHWAY, FAIRFAX, VA 22031 CONSULTING SERVICES 397,801. THE YGS GROUP ONLINE MAGAZINE 3650 WEST MARKET STREET, YORK, PA 17404 PRODUCTION & DESIGN 186,978. THE WEB DEVELOPMENT GROUP WEBSITE REDESIGN 3100 CLARENDON BLVD., ARLINGTON, VA 22201 SERVICES 186,929. ABILA, DEPT 3303, P.O. BOX 123303, DALLAS, SOFTWARE CONSULTING TX 75312-3303 & HOSTING SERVICES 152,403.

2 Total number of independent contractors (including but not limited to those listed above) who received more than
\$100,000 of compensation from the organization ► 13
CERE DARM VITE CROMINATION CHREMIC

SEE PART VII, SECTION A CONTINUATION SHEETS
132008 12-09-21

Form 990 (2021)

orm 990 AMERIC Part VII Section A. Officers, Director	AN GAS ASS			_			est (Compensated Employe	es (continued)	
(A)	(B)		100	(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of other
	per week			- 042 - 1			-	from the	from related organizations	compensation
	(list any	Ę				nploye	2	organization	(W-2/1099-MISC)	from the
	hours for	or director				ted en		(W-2/1099-MISC)		organization
	related	istee o	trustee		æ	Highest compensated employee				and related organizations
	organizations below	ual tru	tional		nploye	st com	-			organizatione
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highe	Former			
27) DAVID M. DALY	1.00	<u> </u>								
IRECTOR		x		1				0.	0.	0
28) SCOTT E. DOYLE	1.00									
DIRECTOR		X						0.	0.	0
(29) SCOTT D. DRURY	1.00								•	0
DIRECTOR		X					-	0.	0.	0
(30) LINDEN EVANS	1.00							ο.	0.	0
OIRECTOR (31) ROBERT FRENZEL	1.00	X	-			5.8		0.	0.	0
(31) ROBERT FRENZEL DIRECTOR	1.00	x				2	3. 1	0.	0.	0
(32) JOSEPH HAMROCK	1.00				-					
DIRECTOR	1100	x						0.	0.	0
(33) CYNTHIA HANSEN	1.00					1.000				
DIRECTOR		X	-			1		0.	0.	0
(34) JEFFREY A. HARRISON	1.00	19.10		4		4			0	0
DIRECTOR		X				1	100	0.	0.	0
(35) JOHN P. HESTER	1.00		- 100			10	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	o.	0.	0
DIRECTOR	1.00	X	2 2 1			and the	12	0.	0.	
(36) JEFFRY M. HOUSEHOLDER	1.00	x	83		1	dir.		0.	0.	0
DIRECTOR (37) MICHAEL HUWAR	1.00		- Cart	1000					-	
DIRECTOR		x					-	0.	0.	0
(38) MICHAEL INNOCENZO	1.00			10. march	1		1			
DIRECTOR	and a second second	X					- 5	0.	0.	0
(39) BLUE JENKINS	1.00		1	1.8					0	0
DIRECTOR		X	_	_				0.	0.	0
(40) BADAR KHAN	1.00		Ť		21	2.5	and a second	0.	0.	0
DIRECTOR	1 00	X	3		-			0.	0.	U
(41) MARY KIPP	1.00	x	1.4		2	. jû		0.	0.	0
DIRECTOR	1.00		1					5.		
(42) NICOLE A. KIVISTO	1.00	x						0.	0.	0
DIRECTOR (43) JAMES P. LAURITO	1.00									
DIRECTOR		x						0.	0.	0
(44) RICHARD J. MARK	1.00									
DIRECTOR		X		_			-	0.	0.	0
(45) CHARLES MATTHEWS	1.00			-			£		0	_
DIRECTOR	1.00	X		-	-			0.	0.	0
(46) SID MCANNALLY	1.00				- -			0.	0.	0
DIRECTOR	And Internet	X						0.	0.	

Total to Part VII, Section A, line 1c

Form 990 AMERICA	13-0431590									
Part VII Section A. Officers, Directors, 1	Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation from related	amount of other
	per week							from the	organizations	compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest compensated employee				and related organizations
	organizations below	ual tru	ional		ploye	t com				organizationio
	line)	ndivid	nstitul	Officer	Key employee	lighes	Former			
(47) PAUL W. NESTER	1.00	-	-		-	-	-			
DIRECTOR	1.00	x			54			0.	0.	0.
(48) JERRY NORCIA	1.00				1					
DIRECTOR		x					à	0.	0.	0.
(49) MELISSA ORSEN	1.00								-	
DIRECTOR		x			-			0.	0.	0.
(50) PATRICIA K. POPPE	1.00							2000		
DIRECTOR		X						0.	0.	0.
(51) FRANKLYN D. REYNOLDS	1.00									0
DIRECTOR	and the state of the second second	X				_		0.	0.	0.
(52) GARRICK J. ROCHOW	1.00								0.	0.
DIRECTOR	1	X					-	0.	υ.	0.
(53) ROBERT C. ROWE	1.00					24		0.	0.	0.
DIRECTOR (54) DAVID SLATER	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(55) T.J. SZELISTOWSKI	1.00	A	100	1	-	1	1.25			and the second second second
DIRECTOR	1.00	x	1	*0			1.2	0.	0.	0.
(56) DENNIS P. VERMILLION	1.00	1		1. A.	522	-				
DIRECTOR		x	1 and				in an	0.	0.	0.
(57) CHARLES S. WARRINGTON	1.00	14	1							and defendences and a fill
DIRECTOR		x					i. Re ina	0.	0.	0.
(58) KIMBERLY S. WATSON	1.00									
DIRECTOR		Х	-		- 4			0.	0.	0.
(59) SASHA WEINTRAUB	1.00		1			-	-			
DIRECTOR		X	1		-		14	0.	0.	0.
(60) STEPHEN D. WESTHOVEN	1.00		and the		-			0	0	0
DIRECTOR	1.00	X	* **	1	14			0.	0.	0.
(61) CRAIG E. WHITE	1.00	x		12.0	1.1			0.	0.	0.
DIRECTOR				-		1	-	0.		0.
			-							
		in i					5 5 1			
								10 F 4.		
			ing a		1	- 3				
					-					-
	1						3	A sub-		
5			-							/
					8	~	1			
	1									
										10 M
Total to Part VII, Section A, line 1c										

Form 990 (2021) AMERICAN GAS ASSOCIATION Part VIII Statement of Revenue

13-0431590 Page 9

otatoment	U	UG	vei	lue
Charle is Cale		-		

			Check if Schedule O c	conta	ins a respon	ise or no	ote to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1	a			1a						
		b	Membership dues					Read States			Company Land 199
B ^a		C	Fundraising events		1c						
j la		d	Deleted analysis		and the second se				Second Constants		
in, in		e	Government grants (contr	ibutic	ons) 1e						
I'S		f	All other contributions, gifts,	grants	s, and			A Contraction of the			
Bŧ			similar amounts not included	above	9 1 f						
Contributions, Gints, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1a	a-1f 1g\$	0-1528		Constraint State Ma	and a state of		
38		h	Total. Add lines 1a-1f						A state of the second	Star Land	The Market of
						Bu	siness Code	Section and the section of	Charles and the second	and the second second	
8	2	a	MEMBERSHIP DUES			90	00099	28,579,115.	28579115.		
Program Service Revenue		b	MEETINGS/EXHIBIT			9(00099	3,235,016.	3,235,016.		
2 a		C	SPONSORSHIPS			90	00099	724,000.	724,000.		
e a		d	PROGRAM PARTICIPATIO	ON		90	0099	220,000.	220,000.		
ŝ		e	PUBLICATIONS				1800	215,518.		215,518.	
۹ ا		f	All other program service	reven	iue	90	00004	309,385.	98,000.	211,385.	
_		g	Total. Add lines 2a-2f				►	33,283,034.	and the second second	Sal Barris	Service States
	3	1	Investment income (includ	-	•						
-			other similar amounts)				🕨	442,700.			442,700.
	4		Income from investment of		1.1		eds 🕨		and the second second second	and the second second second	
	5		Royalties	·····			<u> </u>	1,239,001.		The state of the s	1239001.
	_				(i) Real	(1)	Personal			a contraction of the	
	6	a	Gross rents	6a		-			Sand Street Street		
		b		6b							
		C	Rental income or (loss)	6c				State of the second			The second second
	_		Net rental income or (loss))ï	~ ~ · · · ·	<u>.</u>		and the second			
	7	a	Gross amount from sales of	L	(i) Securitie		(ii) Other	and the second se	Second Second		
			assets other than inventory	7a	6,529,83	33.	200.	and the second second			
		b	Less: cost or other basis								
ž			and sales expenses	7b	5,798,54 731,28		2,194.				
Other Revenue			Gain or (loss)	7c			-1,994.	720 201	Section of the sectio		
E I			Net gain or (loss) Gross income from fundraisin				·····	729,291.	an and the second s	and the state of the state of the	729,291.
Ę	8	a									
0			including \$ contributions reported on	line 1	of of						
			Part IV, line 18			8a		and the second			
		h	Less: direct expenses			8b		and the second s			
			Net income or (loss) from t								
	a		Gross income from gaming		marrie (20) and	<u> </u>		State of the second			
			Part IV, line 19	-		9a					
		þ	Less: direct expenses			9b			A DESCRIPTION OF THE OWNER OF THE		A SHARE SHARE
			Net income or (loss) from g								
			Gross sales of inventory, le							and the second se	A STATE OF A STATE
			and allowances			10a					
		b	Less: cost of goods sold		F	10b		Million Company		cha and a set	
			Net income or (loss) from s								
		-			1		iness Code	Contraction of the second			Sector Sector
Miscellaneous Revenue	11	а									
en l		b									
Nel		c									
Ba		d	All other revenue								
Σ			Total. Add lines 11a-11d				►		State of the second second	22.00° 51.00 5	
_	12		Total revenue. See instruction					35,694,026.	32856131.	426,903.	2410992.

132009 12-09-21

Form 990 (2021)

AMERICAN GAS ASSOCIATION 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) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations 629,065. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 25,000. Benefits paid to or for members Compensation of current officers, directors, 6,600,130. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,821,053. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 1,347,227. Other employee benefits 9 1,033,660. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 339,177. Legal b 143,466. c Accounting 523,036. d Lobbying Professional fundraising services. See Part IV, line 17 e 31,357. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 2,870,453. column (A), amount, list line 11g expenses on Sch 0.) 302,760. Advertising and promotion 12 525,589. Office expenses 13 643,246. Information technology 14 Royalties 15 1,871,398. Occupancy _____ 16 351,056. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 3,339,888. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 707,323. Depreciation, depletion, and amortization 22 30,536. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 764,190. MEMBERSHIPS & SPONSORSH a 523,746. EXCISE TAX ON EXECUTIVE h EMPLOYEE BENEFITS ADMIN 353,589. C 182,978. SUBSCRIPTIONS d 35,547. e All other expenses 34,995,470. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form 990 (2021)

AMERICAN GAS ASSOCIATION

13-0431590 Page 11

Check if Schedule O

		Check if Schedule O contains a response or note	s to any I		/ 4 \	1	(8)
_					(A) Beginning of year		(B) End of year
- C		Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,113,951.	2	9,264,097
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,328,542.	4	784,806
	5	Loans and other receivables from any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%	and the second second		
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualit	ied perso	ons (as defined		Contra de	
		under section 4958(f)(1)), and persons described		6			
3	7	Notes and loans receivable, net		7			
HSSAIS	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,304,042.	9	1,244,562
1	10a	Land, buildings, and equipment: cost or other				1937	
		basis. Complete Part VI of Schedule D	10a	8,330,703.			Real Providence
		Less: accumulated depreciation	10b	3,345,709.	5,202,520.	10c	4,984,994
	11	Investments - publicly traded securities			33,223,211.	11	37,080,040
S. 14	12	Investments - other securities. See Part IV, line 1	1	L		12	
	13	Investments - program-related. See Part IV, line		13			
- 1	14	Intangible assets		14			
1.1	15	Other assets. See Part IV, line 11		0.	15	1,241,034	
	16	Total assets. Add lines 1 through 15 (must equa	48,172,266.	16	54,599,533		
10.0	17	Accounts payable and accrued expenses		·····	4,900,585.	17	7,279,147
11.2	18	Grants payable			18	let an a state of the	
23. 24	19		3,188,144.	19	4,342,142		
	20	Tax-exempt bond liabilities		······		20	
1.3	21	Escrow or custodial account liability. Complete I				21	
les l	22	Loans and other payables to any current or form			THE REAL PROPERTY OF		Contraction of the second
Liabilities		trustee, key employee, creator or founder, subst			Reserves and the second second		
	23	controlled entity or family member of any of these				22	
	23 24	Secured mortgages and notes payable to unrela				23	and the second
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	States Maria
1	20	parties, and other liabilities not included on lines					
					10 100 277	in the second	11
	26	of Schedule D			10,199,377.	25	11,681,826
1		Organizations that follow FASB ASC 958, che	ok hore	N Y	18,288,106.	26	23,303,115
S		and complete lines 27, 28, 32, and 33.	CK HEIE				
	27	Net assets without donor restrictions			20 884 160		21 005 110
	28	Net assets with donor restrictions	••••••		29,884,160.	27	31,296,418
		Organizations that do not follow FASB ASC 9			28		
		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds					
	30	Paid-in or capital surplus, or land, building, or ec	uinment	fund	- 33 TM	29	
	31	Retained earnings, endowment, accumulated in	come or	other funds		30	
-	32	Total net assets or fund balances	Some, or		20 994 160	31	21 000
	33	Total liabilities and net assets/fund balances			29,884,160.	32	31,296,418
	~				48,172,266.	33	54,599,533

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form S	990 (2021) AMERICAN GAS ASSOCIATION	13-04	31590	Pag	ge 12
rait	and the second and the Assets	200			
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,694	1,0	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,995	5,4	70.
•	interest expenses. Subtract line 2 from line 1	3	698	3,5	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,884	1,10	60.
5	Net unrealized gains (losses) on investments	5	1,255		
6	Donated services and use of facilities	6			
7	an obtained expenses	7			
8	the period adjustments	8			
9	e and enalges in her assets of fund balances (explain on Schedule O)	9	-541	. 9	35.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)			1-	
Des	Column (B))	10	31,296	. 4	18.
Par	Financial Statements and Reporting			/	
	Check if Schedule O contains a response or note to any line in this Part XII				Ē
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Scheduler Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	on a	<u>2</u> a	Yes	No
3a	Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi or audits, explain why on Schedule O and describe any steps taken to undergo such audits	edule O. gle Audit	<u>2</u> c	X	x

Form 990 (2021)

SCHEDULE C		OMB No. 1545-0047						
(Form 990)		litical Campaign a			_	2021		
		anizations Exempt From Income						
Department of the Treasury	2000 C	if the organization is described b			90-EZ.	Open to Public		
Internal Revenue Service		io to www.irs.gov/Form990 for in				Inspection		
		Form 990, Part IV, line 3, or Form		46 (Political Campa	aign Ac	tivities), then		
		plete Parts I-A and B. Do not comp		a set a secolate Ded				
 Section 501(c) (other Section 527 organization 		1(c)(3)) organizations: Complete Pa	irts I-A and C below. D	o not complete Part	I-B.			
		Form 990, Part IV, line 4, or Forn	000 EZ Deut VI line	47 (Lobbying Actin	(itiae) t	han		
		nave filed Form 5768 (election unde						
		nave NOT filed Form 5768 (election						
		Form 990, Part IV, line 5 (Proxy 1						
Tax) (See separate inst	ructions), then							
), or (6) organizat	ions: Complete Part III.		the second second second				
Name of organization				- 1	Employ	rer identification number		
Part I-A Comp		N GAS ASSOCIATION anization is exempt under	agentian E01(a) an	is a costion 50	7	<u>13-0431590</u>		
Compi	ete il tile org	anization is exempt under	section 501(c) or	is a section 52	r orga			
1 Provide a descripti	on of the organiz	ation's direct and indirect political	oppoign activition in l	Dart IV				
2 Political campaign					▶\$	232,355.		
		ign activities						
	118 SUST 12	anization is exempt under						
	Ch. Workson	incurred by the organization under			· · -			
		incurred by organization managers						
		n 4955 tax, did it file Form 4720 for						
b If "Yes," describe i	n Part IV				•••••	Yes No		
		anization is exempt under	section 501(c), e	xcept section 5	01(c)(3	3).		
		d by the filing organization for section			▶\$_			
		ization's funds contributed to other			ŝ.			
exempt function a	ctivities				▶\$_	185,000.		
		s. Add lines 1 and 2. Enter here and						
		1120-POL for this year?				X Yes No		
		nployer identification number (EIN) tion listed, enter the amount paid fi						
		omptly and directly delivered to a s						
political action con	nmittee (PAC). If	additional space is needed, provide	information in Part IV					
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid fr	rom	(e) Amount of political		
				filing organization		contributions received and		
			ra jan i i i	funds. If none, ente	r -0	promptly and directly delivered to a separate		
						political organization.		
		WA GUITNOMON DO	A		-	If none, enter -0		
AMERICAN GAS ASSOCIATION		WASHINGTON, DC	13-0431590		0.	34 E11		
COMMINITY LR	ADERS OF	P.O. BOX 2262	15 0451550			34,511.		
AMERICA		SPRINGFIELD, VA 2	46-3149989	5,0	00.	0.		
		PO BOX 34445				0.		
DAGA, INC.		WASHINGTON, DC 20	13-4220019	12,5	00.	0.		
DEMOCRATIC	DEMOCRATIC WASHINGTON, DC							
GOVERNORS' A	SSOCIATI		52-1304889	62,5	00.	0.		
DEMOCRATIC		WASHINGTON, DC						
LEGISLATIVE			52-1870839	25,0	00.	0.		
		2300 CLARENDON						
GOPAC		ARLINGTON, VA 222		15,0		0.		
12.11.11.11.11	ion Act Notice,	see the Instructions for Form 990 SEE PART IV F		TON	Sc	hedule C (Form 990) 2021		
LHA		ODD PART IV P	OIL CONTINUA	TTON				

132041 11-03-21

Schedule C (Form 990) 2021 AM	ERICAN G	AS ASSOCIAT	ION	13-	0431590 Page 2		
Part II-A Complete if the organi	zation is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (ei	ection under		
			in Part IV each affiliated	group member's nan	ne, address, EIN,		
expenses, and share of B Check General if the filing organization							
	checked box A a		rovisions apply.	(a) Filing	(b) Affiliated group totals		
(The term "expenditur			.)	organization's totals	101213		
1a Total lobbying expenditures to influence							
b Total lobbying expenditures to influence							
c Total lobbying expenditures (add lines	1a and 1b)						
d Other exempt purpose expenditures					1		
e Total exempt purpose expenditures (ac							
f Lobbying nontaxable amount. Enter the				and the second	1 Carlo Carlos		
If the amount on line 1e, column (a) or (b)		bbying nontaxable ar					
Over \$500,000 but not over \$1,000,000	Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.						
Over \$1,000,000 but not over \$1,000,000				And a second second second second			
Over \$1,500,000 but not over \$1,500,0							
Over \$17,000,000							
	\$1,000	,		And Adding to the second se	Contraction of the		
i Subtract line 1f from line 1c. If zero or l j If there is an amount other than zero or reporting section 4911 tax for this year (Some organizations that r	n either line 1h or ? 4-Year Av	line 1i, did the organiz	r Section 501(h)	f the five columns h	Yes No		
	See the sepa	rate instructions for l	ines 2a through 2f.)				
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures				-			
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures	2 8 1 3 1 - Henry Henry						

13-0431590 Page 3

Schedule C (Form 990) 2021 AMERICAN GAS ASSOCIATION 13-04315 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)
of the	lobbying activity.	Yes	No	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b	Volunteers?				
C	Media advertisements?				
u	manings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?	Contraction of the second			
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i		THE R. LAND		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				and the second second
b	If "Yes," enter the amount of any tax incurred under section 4912	No.			DUDDOCHUCKING COLOR C
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	- and the second			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			Sector Sector	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
			- ¹¹	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3	X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
-	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (I	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1	28,579	,115.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).		100 Mar		
а	Current year		2a	1,340	,749.
	Carryover from last year			-129	,269.
c					,480.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	1,086	,006.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4	125	,474.
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par				-	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. TTI-A, LINE 1:	1, 1, 2			3
AG2	A MAKES CONTRIBUTIONS TO POLITICAL ORGANIZATIONS AS	DISCLO	SED O	N	
SCI	HEDULE C OF THIS RETURN AND FUNDS ADMINISTRATIVE ACT	IVITIE	S FOR	ITS	-
SEI	PARATE SEGREGATED FUND. AGA'S POLITICAL ACTION COMM	ITTEE	MAKES		~
<u>CO1</u>	TRIBUTIONS PERMISSIBLE UNDER STATE AND FEDERAL ELEC	TION L	AWS.		

 Schedule C (Form 990) 2021
 AMERICAN GAS
 ASSOCIATION

 Part IV
 Supplemental Information (continued)
 (continued)

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE

400 N, CAPITOL STREET, NW WASHINGTON, DC 20001

DEMOCRATIC GOVERNORS' ASSOCIATION

1225 I STREET, NW WASHINGTON, DC 20005

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1225 I STREET NW WASHINGTON, DC 20005

PART I-C CONTINUATION:

REPUBLICAN ATTORNEYS GENERAL ASSOCIATION

1747 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006

EIN: 46-4501717 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

REPUBLICAN GOVERNORS ASSOCIATION

1747 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006

EIN: 52-1174414 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

REPUBLICAN STATE LEADERSHIP COMMITTEE

1201 F STREET, NW WASHINGTON, DC 20004

EIN: 05-0532524 COL (D) AMOUNT: 30000. COL (E) AMOUNT: 0.

AMERICAN GAS ASSOCIATION 13-0431590 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contributi	SCH (Form	990) Complete if the	ntal Financial Statements organization answered "Yes" on Form 990, , 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	OMB No. 1545-0047
Name of the organization Employer (learning control of the state of the organization SMaintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) donor advised in donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (b) Funds and other accounts (b) Funds and other accounts 5 Did the organization inform all donor advisors in writing that the assets held in donor advised funds (b) Funds and under accounts 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatible purposes and not the benefit? (b) Restructure		nent of the Treasury Revenue Service		and the second
Partial Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answeed 'Yes' on Fom 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (c) Aggregate value at end of year (c) Aggregate value at end of year 5 Dd the organization inform all donors advisor in writing that the assets held in donor advised funds are the organization (head walue at end of year) (c) Aggregate value at end of year 6 Dd the organization inform all donors advisor, or donor advisor, for any other purpose conferring importing subject to the organization (head at ll that apply). (c) Preservation of a historical through area 1 Purpose(b) orcisevation easements hed by the organization (head at ll that apply). (c) Preservation of a certified historic structure 2 Preservation of all for public use (for example, recreation or reducation) (c) Preservation of a certified historic structure 2 Preservation of conservation easements in bodd if (a qaualified conservation casement at apple at ll the 2d a	-			Employer identification number
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a Revenue included on Form 990, Part VIII, line 1	2			provide
b Assets included in Form 990, Part X				

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Sched		GAS ASSOC						13-04			age 2
Part	III Organizations Maintaining Co	ollections of Art	t, Histor	ical Trea	asures, or	Other	Simila	r Assets	(continu	ued)	
3 1	Jsing the organization's acquisition, accessio	n, and other records	s, check a	ny of the fo	llowing that i	make sig	gnificant (use of its			
	collection items (check all that apply):				•						
а	Public exhibition	d		oan or exch	ange prograr	m					
b	Scholarly research	-									
C	Preservation for future generations	•									
	Provide a description of the organization's co	llections and explain	how they	further the	organization	's evem	int nurno	se in Part	XIII.		
	During the year, did the organization solicit or										
									Yes		No
Part	to be sold to raise funds rather than to be ma IV Escrow and Custodial Arrang							Dart IV			
	reported an amount on Form 990, Par		ete if the o	organization	1 answered	res on	Form 550	, Faitiv,	iii 10 0, 01		
1-						to not in	aludad	184			
	Is the organization an agent, trustee, custodia		-						Yes	—	No
	on Form 990, Part X?							L	l res		
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing tab	ole:					Amount		
									Anount		
	Beginning balance										
d	Additions during the year								1.12		
e	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on Fe						y?	L	Yes	-	No
	If "Yes," explain the arrangement in Part XIII.									100	
Par	t V Endowment Funds. Complete i	f the organization an			the second se						
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three y	ears back	(e) Four y	/ears	Dack
1a	Beginning of year balance	Congress and the second	and have								
b	Contributions										
C	Net investment earnings, gains, and losses			6 - 11.98 -			and the second	have a server			
d	Grants or scholarships			and the second		· · · ·	1.11.195	5 a			
e	Other expenditures for facilities										
	and programs			e Pirat 7 - Til							
f	Administrative expenses		and a second		Low mer 2	a a di cal				÷	
g	End of year balance		-								
2	Provide the estimated percentage of the cur		e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	the second se	1								
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held an	d administere	ed for the	e organiza	ation			
	by:									res	No
	(i) Unrelated organizations						· · · · ·		3a(i)	1	
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization										
	Describe in Part XIII the intended uses of the										
4 Da	rt VI Land, Buildings, and Equipm	nent.			Store Street	1-2-1-	1		00		
Fe	Complete if the organization answere	d "Yes" on Form 99	0. Part IV.	line 11a. S	ee Form 990.	Part X.	line 10.				
		(a) Cost or o	Second States in the second		or other		ccumulat	he	(d) Book	valu	•
	Description of property	basis (investi			(other)		preciation			valu	0
-	and a set of			24010	()	201		1000	1		-
1a											
b	Buildings			/ 05	7,954.	1	418,8	57	3,539	0	07
c					8,128.		<u>+10,0</u> 977,6		1,250		
d	Equipment										
	Other				4,621.		949,1	00.			61.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. columr	n (B). line 1	0c.)				4,984		7
								Schedul	D (Form	990	2021

AMERICAN GAS ASSOCIATION Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
) Financial derivatives			Competence of the
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1)	••		
(2)			
(3)			
(4)	Net Contraction of the		
(5)			
(6)			
(7)			
	the state of the second second second second		
(9)			
(8)			
(9)			
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	n Form 990. Part IV. line	a 11d. See Form 990. Part X. line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of			Je.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) E	n Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	ne
(9) iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) E			ne
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2)			ne
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) [(1) (2) (3)			ne
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4)			ne
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)			ne
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6)			ne
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)			ne
(9) iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)			ue
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book valu	ne
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" or (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book valu	ne
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) [(b) must equal Form 990, Part X, col. (C) [] [] [] [] [] [] [] [] [] [] [] [] []	Description	(b) Book valu (b) Book valu (b) Book valu (b) Book valu (c) Book valu (c	
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	(b) Book value (b) Book value (c) Book value	uө
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION	Description	(b) Book val (b) Book val (b) Book val (b) Book val (c) Book val (c	ue 034
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) ACCRUED PENSION	Description	(b) Book valu (b) Book valu (c) Bo	ue 034 335
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) ACCRUED PENSION	Description	(b) Book valu (b) Book valu (c) Bo	ue 034 335 550
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 (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) ACCRUED PENSION (4) DEFERRED RENT (5) BENEFIT RESTORATION PLAN (6) 	Description	(b) Book valu (b) Book valu (c) Bo	ue 034 335 550

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 AMERICAN GAS ASSOCIATION			13-	-0431590	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		200			
1				1	37,623,	,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a				
а	Net unrealized gains (losses) on investments	2a	1,255,637.			
b	Donated services and use of facilities					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		705,690.	1999		
е	Add lines 2a through 2d			2e	1,961,	
3	Subtract line 2e from line 1			3	35,662,	669.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Sele -		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	31,357.			
b	Other (Describe in Part XIII.)	4b			21	257
c	Add lines 4a and 4b			4c		357.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	35,694,	020.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per P	etur	п.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				26 074	227
1	Total expenses and losses per audited financial statements			1 Networks	36,074,	237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	5			
а	Donated services and use of facilities					
b	Prior year adjustments					
c		0.		CARLES.	(
	Other losses	the state of the s	150 266	1 3 3		
d	Other losses	Caregori -	159,266.		150	266
d e		2d		2e	159,	
d e 3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2d		2e 3	<u>159,</u> 35,914,	
	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d				
3 4 a	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 4a	31,357.			
3 4 a	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	<u>31,357.</u> -950,858.	3	35,914,	971.
3 4 a	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2d 4a 4b	<u>31,357.</u> -950,858.	3 4c	35,914, -919,	<u>971.</u> 501.
3 4 a b c 5	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	<u>31,357.</u> -950,858.	3	35,914,	<u>971.</u> 501.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FAS 158 ADJUSTMENT	541,935.
PAC CONTRIBUTIONS	161,761.
NET LOSS ON ASSET DISPOSAL	1,994.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	705,690.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NET LOSS ON ASSET DISPOSAL	1,994.
PAC EXPENSES	157,272.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	159,266.

AMERICAN GAS ASSOCIATION Part XIII Supplemental Information (continued)	13-0431590 Page 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:	-950,858.
NET PERIODIC BENEFITS COST	
	2
	age and a take
	- Andrew and
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F (Form 990)			tivities Outside the Un n answered "Yes" on Form 990, Part ▶ Attach to Form 990.		5, or 16.	OMB No. 1545-0047
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer id	entification number
AMERICAN GAS		NT.		8	13-0433	1590
			tside the United States. Comp	loto if the organ	IJ-04J	ed "Yes" on
	rt IV, line 14b.			lete il tile organ	ization answer	
		n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
			the selection criteria used to award the			X Yes No
United States.			procedures for monitoring the use of it		ner assistance	outside the
			an be duplicated if additional space is r			the second product
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent contractors	gram services, investments, grants to	describe	specific type	for and investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
				1 X		· · · ·
ENDODE (TNOT UD TNO						
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATION DUES	AL GAS UNION	22,386.
EUROPE (INCLUDING		0	PROGRAM SERVICES	DOF2		22,500.
ICELAND & GREENLAND)				1 N		
- ALBANIA, ANDORRA,	·					
AUSTRIA, BELGIUM	0	0	SPONSORSHIP	SPONSOR 2021	LNG REPORT	25,000.
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			. 여행 형태는 영국 일이 같다.			€
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		6				
				1		
3 a Subtotal	0	0		and the second second		47,386.
b Total from continuati					- 12	,
sheets to Part I		0		Service and		0.
c Totals (add lines 3a						
and 3b)	0	0		C. State 1. 1	Contra and Contra	47,386.

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

Schedule F (Form 990) 2021 AMERICAN GAS ASSOCIATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	EUROPE	SPONSOR-LNG REPORT 2021	25,000.		0.		

Schedule F (Form 990) 2021

13-0431590

Schedule F (Form 990) 2021

AMERICAN GAS ASSOCIATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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13-0431590

Schedule F (Form 990) 2021

Page 3

132073 12-20-21

Schedule F (Form 990) 2021 AMERICAN GAS ASSOCIATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		X No
	Corporation (see Instructions for Form 926)	Yes	A NO
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, "		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	· · ·	
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, "		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		5 g -
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021 AMERICAN GAS ASSOCIATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

CONTRIBUTIONS RELATED TO INDUSTRY RESEARCH PAPERS AND COMMUNICATIONS MAY

INVOLVE THE RESPECTIVE AGA STAFF IN THE DEVELOPMENT, REVIEW, AND

EXECUTION OF ANY DELIVERABLE.

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, ar	nd Individual	s in the Unit	ted States		омв №. 1545-0047 2021
Department of the Treasury	Comple	ete if the organizatio	Attach to For	Annese Contraction of the Contra	t IV, line 21 of 22.		Open to Public
Internal Revenue Service		Go to www.in	rs.gov/Form990 for		ation.		Inspection
Name of the organization AMERICAN	AS ASSOC						Employer identification number 13-0431590
Part I General Information on Grants an		INITON					10 0104000
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's proc Part II Grants and Other Assistance to D recipient that received more than \$ 	o substantiate the ance? cedures for monit	oring the use of grant rations and Domestic	funds in the United	States. omplete if the orga			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN MAYORS ASSOCIATION INC 80 M STREET SE, SUITE 1 - WASHINGTON, DC 20003	46-5593933	501C3	15,000.	0.			SPONSORSHIP
AMERICAN ASSOCIATION OF BLACKS IN ENERGY - 927 15TH STREET NW, SUITE 200 - WASHINGTON, DC 20005	84-0782569	501C3	10,000.	0.		а а	SPONSORSHIP
AMERICAN GAS FOUNDATION 400 N. CAPITOL ST., NW, SUITE 450 WASHINGTON, DC 20001	54-1501306	501C3	10,000.	0.			SUPPORT
AMERICAN NATIONAL STANDARDS INSTITUTE - 25 WEST 43RD STREET, 4TH FLOOR - NEW YORK CITY, NY 10036	13-1635253	501C3	6,115.	0.			SPONSORSHIP
AMERICAN PETROLEUM INSTITUTE 200 MASSACHUSETTS AVE NW	13-0433430	50105	10,000.	0.			(Polyapourp
WASHINGTON, DC 20001 ASSOCIATION OF HOME APPLIANCE MANUFACTURERS - 1111 19TH STREET, SUITE 402 - WASHINGTON, DC 20036	36-2615812		50,000.	0.			SPONSORSHIP
MANUFACTORERS - 1111 19TH STREET, SUITE 402 - WASHINGTON, DC 20036 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	nd government or	ganizations listed in th	a line 1 table				SPONSORSHIP

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

Schedule I (Form 990) AMERICAN GAS ASSOCIATION

13-0431590 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA		÷		2			-
9190 ROCKVILLE PIKE					2 m - 1		
BETHESDA, MD 20814	53-0204610	50103	15,000.	0.			SPONSORSHIP
			15,000.				
BRYCE HARLOW FOUNDATION						1	
1701 PENNSYLVANIA AVE, NW, SUITE 40		en andra de la companya de					
WASHINGTON, DC 20006	52-1266620	501C3	7,500.	0.			SPONSORSHIP
				at a final			2
BUSINESS COUNCIL FOR SUSTAINABLE		16 S. a. 144		S. In a			
ENERGY - 805 15TH ST, NW -		1				1 a - 19 - A -	
WASHINGTON, DC 20005	52-1801630	501C6	10,000.	0.	and the second	a second of the	SPONSORSHIP
		star i tra		and the second se		19 ¹⁰ - 1	
CENTER FOR ENERGY WORKFORCE			at ingé	1			
DEVELOPMENT - 701 PENNSYLVANIA		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
AVE., NW - WASHINGTON, DC 20004	20-4504014	501C3	22,500.	0.			SUPPORT
		all the second	1. A.	2.1			
COLORADANS FOR ENERGY ACCESS							
7900 E. UNION AVE., SUITE 1100		이 요즘 지지 않는					
DENVER, CO 80207	86-1971581	501C4	50,000.	0.			SUPPORT
*							
CONGRESSIONAL HISPANIC CAUCUS						1 77. ¹ 17.	
INSTITUTE, INC - 1128 16TH STREET,							1920 - Roman 1970 -
NW - WASHINGTON, DC 20036	52-1114225	501C3	15,000.	0.			SPONSORSHIP
		1. In 187					
CRES FORUM							
1201 PENNSYLVANIA AVENUE NW, SUITE			10 000				CDOM COD CHILD
WASHINGTON, DC 20004	46-0558330	501C4	10,000.	0.	the second s		SPONSORSHIP
CSA GROUP			Leen and the				
8501 EAST PLEASANT VALLEY ROAD		501.55	10 000	ο.			CRONGORGUTR
INDEPENDENCE, OH 44131	98-0120704	201C9	10,000.				SPONSORSHIP
CSG							
1776 AVENUE OF THE STATES			22.450	0.			SPONSORSHIP
LEXINGTON, KY 40511	36-6000818	50103	22,450.	۷.			Schedule I /Form

Schedule I (Form 990) AMERICAN GAS ASSOCIATION

13-0431590 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMOCRATIC GOVERNORS' ASSOCIATION 1225 I STREET NW, SUITE 1100 WASHINGTON, DC 20005	52-1304889	507	37 500	0.			SUPPORT
EDISON ELECTRIC INSTITUTE 701 PENNSYLVANIA AVE., NW	52-1304009	527	37,500.				
WASHINGTON, DC 20004	13-0659550	501C6	25,000.	0.			SUPPORT
INDEPENDENT PETROLEUM ASSOC. OF AMERICA - 1201 15TH STREET NW, SUITE 300 - WASHINGTON, DC 20005	73-0296927	50106	26,250.	0.			SUPPORT
INTERNATIONAL CODE COUNCIL, INC. 4051 W. FLOSSMOOR ROAD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
COUNTRY CLUB HILLS, IL 60478	36-3999004	501C6	34,500.	0.			SPONSORSHIP
NARUC 1101 VERMONT AVE., NW STE 200 WASHINGTON, DC 20005	53-0204609	501C4	26,000.	0.			SPONSORSHIP
NASUCA 8380 COLESVILLE ROAD, SUITE 101 SILVER SPRING, MD 20910	59-1986067	501C4	10,000.	0.			SPONSORSHIP
NATIONAL ASSOCIATION OF COUNTIES PO BOX 38059 BETHESDA, MD 21297-8057	53-0190321	501C4	25,000.	0.			SPONSORSHIP
NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION - 1850 M STREET NW STE 610 - WASHINGTON, DC			9				
20036 NATIONAL GOVERNORS ASSOCIATION	52-1559709	501C3	36,000.	0.			SUPPORT
444 N CAPITOL ST NW, SUITE 267 WASHINGTON, DC 20001	23-7391796	501C3	15,000.	0.			SUPPORT

Schedule I (Form 990) AMERICAN GAS ASSOCIATION

13-0431590 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST							
PLACE - DENVER, CO 80230 NEUAC 1850 M STREET NW STE 610	74-2232576	501C3	12,500.	0.		τ ⁻¹⁵ .	SPONSORSHIP
WASHINGTON, DC 20036	52-1559709	501C3	10,000.	0.		u	SPONSORSHIP
PARTNERS FOR RESPONSIBLE ENERGY PROGRESS - 1414 CHERRY STREET SE - DLYMPIA, WA 98501	84-3818906	501C 4	75,000.	0.			SUPPORT
THE ECONOMIC CLUB OF WASHINGTON, DC - 1156 15TH STREET STE 601 -							
WASHINGTON, DC 20006 THE WATERFALL FOUNDATION PO BOX 70049 FAIRBANKS, AK 99707	52-1469926 54-1980898		6,250.	0.		2 2	SPONSORSHIP
WESTERN GOVERNORS' ASSOCIATION L600 BROADWAY, SUITE 1700 DENVER, CO 80202	84-0747227		15,000.	. 0.	e gen	· · · ·	SUPPORT
ENVER, CO 00202	04-0747427		15,000.				SFONSONSELF
				5			

Schedule I (Form 990) 2021 AMERICAN GAS	ASSOCIATION	N			13-0431590 Page
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need	duals. Complete if the		vered "Yes" on Form §	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	a des				
		N			
					2
	а. А.				1
Part IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	ı (b); and any other ad	ditional information.	
PART I, LINE 2:					
ASSISTANCE PAYMENTS RELATED TO C			1. 1. S.		
DESIGNATED AGA STAFF, E.G., BY A		100	the state of the state		
BENEFITS IS TRANSPARENT INCLUDIN			a 770 ¹⁰ a		
BOOTH PRESENCE AND SPEAKER PRESE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	RELATED TO		
RESEARCH PAPERS AND COMMUNICATION					
THE DEVELOPMENT, REVIEW, AND EXEC					
THAT IS MEMBERSHIP IN NATURE THRO					
STAFF HAVE ACTIVE PARTICIPATION] 32102 10-26-21	IN CONVENING	BODIES S	UCH AS COMM	IITTEES AND	

Schedule I (Form 990) AMERICAN GAS ASSOCIATION Part IV Supplemental Information	13-0431590 Page 2
COUNCILS. LASTLY, ASSISTANCE RELATED TO CHARITABLE EFFORTS	S USUALLY HAVE
PROGRESS REPORTS AND NEWSLETTERS THAT HIGHLIGHT THEIR ACCO	
ALLOW AGA STAFF TO PARTICIPATE IN THEIR CHARITABLE ACTIVIT	TIES AND EVENTS
DURING THE YEAR.	
	4

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2021 Department of the Treasury Internal Revenue Service > Attach to Form 990. Open to Public Inspection Name of the organization > Attach to Form 990. Employer identification numb 13-0431590 Part I Questions Regarding Compensation)er
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public Inspection Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information. Department of the latest information. Name of the organization AMERICAN GAS ASSOCIATION Employer identification numb 13-0431590	er
Department of the Treasury Internal Revonue Service Attach to Form 990. Open to Public Inspection Name of the organization Employer identification numb AMERICAN GAS ASSOCIATION 13-0431590	er
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization AMERICAN GAS ASSOCIATION Employer identification numb 13-0431590	er
AMERICAN GAS ASSOCIATION 13-0431590	er
Part Questions Begarding Compensation	
descione negataling compensation	-
Yes N	No
ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
X First-class or charter travel Housing allowance or residence for personal use	
Travel for companions Payments for business use of personal residence	in the second
Tax indemnification and gross-up payments Health or social club dues or initiation fees	
Discretionary spending account Personal services (such as maid, chauffeur, chef)	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X	(1999) (1999) (1999) (1999)
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	100
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	Charles (
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	
X Compensation committee X Written employment contract	
Independent compensation consultant X Compensation survey or study	
X Form 990 of other organizations X Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	x
	<u>n</u>
D Participate in or receive payment norma auppromotion and automotion plant	x
C Participate in or receive payment norm an equity baced componential and generating	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1000
a to the South Vol. South Vol. and South Vol. exceptions must complete lines 5.9	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of: 5a 5a	1000
b Any related organization?	100
- It to the Free 000 Det VII Section A line to did the organization pay or accrue any compensation	
6 For persons listed on Form 990, Part VII, Section A, line Ta, did the organization pay of accide any compensation compensation contingent on the net earnings of:	The stee
a The organization?	
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III	
a sub-	
Were any amounts reported on Form 950, Fart Vil, paid of accrede pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	Contra -
a with the state of the state of the second state of the second state of the state	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2	2021

Schedule J (Form 990) 2021

13-0431590

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			on prior Form 990
(1) KAREN HARBERT	(i)	1,373,969.	1,105,000.	1,072.	337,565.	38,166.	2,855,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LORI TRAWEEK	(i)	474,720.	283,250.	88,899.	235,103.	28,164.	1,110,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	141,619.	222,600.	572,347.	136,868.	21,776.	1,095,210.	0.
the second se	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	365,677.	108,150.	29,323.	142,345.	36,062.	681,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	340,796.	120,209.	27,666.	37,700.	36,504.	562,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GARY GARDNER	(i)	266,065.	137,959.	36,503.	84,800.	27,856.	553,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GEORGE LOWE	(i)	340,423.	88,816.	18,695.	81,900.	2,713.	532,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER O'SHEA	(i)	223,209.	61,466.	2,972.	56,900.	38,166.	382,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MEGAN DUNN	(i)	216,970.	61,800.	493.	22,654.	39,071.	340,988.	0.
and a set of the second s	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUE FORRESTER	(i)	226,244.	60,513.	393.	19,575.	14,397.	321,122.	0.
a second s	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TERRI OLIVA	(i)	157,838.	20,000.	0.	4,000.	12,316.	194,154.	0.
CHIEF FINANCIAL OFFICER (FROM 8/21) ((ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	1						
	(ii)							
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	(ii)							
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	(i)							
	ii)		,					

Schedule J (Form 990) 2021 AMERICAN GAS ASSOCIATION

13-0431590 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FIRST CLASS TRAVEL - AGA'S CHAIR IS AUTHORIZED FOR FIRST CLASS TRAVEL. THE

CHAIR SERVES ON A VOLUNTARY BASIS AND CONTRIBUTES A SIGNIFICANT AMOUNT OF

TIME TRAVELING IN CARRYING OUT THOSE DUTIES. AGA'S PRESIDENT & CEO IS

AUTHORIZED FOR BUSINESS CLASS TRAVEL ON FLIGHTS SCHEDULED FOR MORE THAN

2-1/2 HOURS. IF BUSINESS CLASS TRAVEL IS NOT AVAILABLE FOR A SPECIFIC

FLIGHT SEGMENT, FIRST CLASS TRAVEL MAY BE CONSIDERED. THEREFORE, IT IS

REASONABLE THAT IN LIMITED CIRCUMSTANCES FIRST CLASS TRAVEL FOR THE AGA'S

CHAIR AND PRESIDENT & CEO IS APPROVED ACCORDING TO AGA'S TRAVEL POLICY.

PART I, LINE 4B:

457(F) PLAN:

KAREN HARBERT, CONTRIBUTIONS OF \$314,365

LORI TRAWEEK, CONTRIBUTIONS OF \$200,303

KEVIN HARDARDT, CONTRIBUTIONS OF \$102,068, PAYMENT OF \$527,727

GARY GARDNER, CONTRIBUTIONS OF \$50,000

CHRISTINA SAMES, CONTRIBUTIONS OF \$104,645

GEORGE LOWE, CONTRIBUTIONS OF \$50,000

JENNIFER O'SHEA, CONTRIBUTIONS OF \$25,000

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

KEVIN HARDARDT AND LORI TRAWEEK PARTICIPATE IN A NONQUALIFIED BENEFIT

RESTORATION PLAN AND IN A NONQUALIFIED EXCESS PLAN.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



AMERICAN GAS ASSOCIATION

Employer identification number 13-0431590

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

UTILITIES ACHIEVE OPERATIONAL EXCELLENCE IN THE SAFE, RELIABLE AND

EFFICIENT DELIVERY OF NATURAL GAS.

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

95 PERCENT - MORE THAN 73 MILLION CUSTOMERS - RECEIVE THEIR GAS FROM

AGA MEMBERS. AGA IS AN ADVOCATE FOR NATURAL GAS UTILITY COMPANIES AND

THEIR CUSTOMERS AND PROVIDES A BROAD RANGE OF PROGRAMS AND SERVICES FOR

MEMBER NATURAL GAS PIPELINES, MARKETERS, GATHERERS, INTERNATIONAL

NATURAL GAS COMPANIES, AND INDUSTRY ASSOCIATES TO HELP ENSURE OUR

MEMBERS ARE LEADING ON SAFETY AND SECURITY, ADVANCING OPERATIONAL

EXCELLENCE AND PROVIDING A ROLE FOR NATURAL GAS TO ACHIEVE A CLEANER

ENERGY ECONOMY.

FORM 990, PART VI, SECTION A, LINE 1A:

THE ASSOCIATION'S BYLAWS, UNDER ARTICLE VII, SECTION 2, PROVIDE THAT THE

BOARD OF DIRECTORS MAY APPOINT AN EXECUTIVE COMMITTEE. THE EXECUTIVE

COMMITTEE IS ELECTED BY THE ENTIRE BOARD AND MAY EXERCISE CERTAIN POWERS OF

THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD. THE

EXECUTIVE COMMITTEE IS GENERALLY COMPRISED OF THE BOARD OFFICERS AND NOT

LESS THAN 7 OTHER MEMBERS OF THE BOARD. AGA BOARD MEMBERS ARE EXECUTIVES

OF AGA FULL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS FIVE CLASSES OF MEMBERS UNDER ARTICLE III OF ITS

 BYLAWS. FULL MEMBERS INCLUDE UNITED STATES GAS DISTRIBUTION PUBLIC AND

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 Schedule O (Form 990) 2021

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 Schedule O (Form 990) 2021

AMERICAN GAS ASSOCIATION

13-0431590

MUNICIPAL UTILITIES AND HAVE VOTING RIGHTS. LIMITED MEMBERS, ASSOCIATES,

INTERNATIONAL MEMBERS AND INTERNATIONAL AFFILIATES CAN PARTICIPATE ON

CERTAIN COMMITTEES, TAKE ADVANTAGE OF EDUCATIONAL OPPORTUNITIES AND

PARTICIPATE IN OTHER APPLICABLE ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION AND FULL MEMBERS NOMINATE AND

ELECT MEMBERS OF THE BOARD OF DIRECTORS (THE ASSOCIATION'S PRINCIPAL

GOVERNING BODY) AT THE ASSOCIATION'S ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ASSOCIATION MAKE CERTAIN DECISIONS, SUCH AS, THE

ELECTION OF THE PRINCIPAL GOVERNING BODY (BOARD OF DIRECTORS) AS OUTLINED

IN THE ORGANIZATION'S BYLAWS AT THE ANNUAL OR SPECIAL MEETINGS OF THE

SPECIAL MEETINGS MAY BE CALLED BY THE MEMBERSHIP TO ADDRESS ASSOCIATION.

ANY IMPORTANT MATTERS. THE ASSOCIATION'S GOVERNING BODIES ARE ACTIVE IN A

NUMBER OF WAYS. IN ADDITION TO THE ASSOCIATION MEMBERS ELECTING A BOARD OF

DIRECTORS (BOD) FROM THE MEMBERSHIP, COMMITTEES RELATED TO FINANCIAL

OVERSIGHT, COMPENSATION AND GOVERNANCE ARE ESTABLISHED BY THE BOD. THESE

INCLUDE THE EXECUTIVE COMMITTEE, BOARD FINANCE COMMITTEE, BOARD AUDIT

COMMITTEE AND BOARD COMPENSATION COMMITTEE (BOD CHAIR, VICE CHAIR, 2ND VICE

CHAIR, AND OTHER BOD MEMBERS USUALLY IN CONJUNCTION WITH OFFICERS FROM THE

THE AUDIT COMMITTEE CHAIR IS A MEMBER OF THE BOD AND ASSOCIATION).

PROVIDES REGULAR REPORTS OF THE AUDIT COMMITTEE TO THE BOD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ASSOCIATION'S INTERNAL PROCESS FOR REVIEW OF TAX FORMS IS EXTENSIVE.

DUE TO THE COMPLEXITY OF THE RETURN, THE ASSOCIATION HAS HIRED ITS OUTSIDE 132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN GAS ASSOCIATION	Employer identification number 13-0431590
ACCOUNTING FIRM TO PREPARE THE FORM 990. THE ASSOCIATION'S	CONTROLLER
ACCUMULATES THE DATA AND FORWARDS TO THE OUTSIDE ACCOUNTIN	G FIRM WHO DRAFTS
THE FORM 990. A DRAFT OF THE FORM 990 IS THEN REVIEWED BY	THE ASSOCIATION'S
OFFICERS INCLUDING THE PRESIDENT & CEO, CHIEF FINANCIAL OF	FICER,
CONTROLLER, GENERAL COUNSEL AND VP, TALENT OPERATIONS. THE	CONTROLLER
ACCUMULATES ALL COMMENTS AND FORWARDS TO THE OUTSIDE ACCOU	NTING FIRM TO BE
INCORPORATED IN THE FINAL DRAFT OF THE FORM 990. THE FINAL	DRAFT IS
PROVIDED TO THE AUDIT COMMITTEE. THE CONTROLLER REVIEWS TH	E 990 WITH THE
AUDIT COMMITTEE ALONG WITH THE ACCOUNTING FIRM PARTNER WHO	IS AVAILABLE FOR
ANY QUESTIONS ON THE RETURN. THE AUDIT COMMITTEE CHAIR REP	ORTS ON THIS
REVIEW TO THE BOARD OF DIRECTORS. THE 990 IS PROVIDED TO T	HE BOARD OF
DIRECTORS BEFORE IT IS FILED.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS NEW EMPLOYEES REVIEW AND SIGN A STATEMENT OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT THE TIME OF HIRING. ALL EMPLOYEES AND BOARD MEMBERS HAVE A CONTINUING DUTY TO REPORT ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE POLICY AND ANNUALLY SIGN A STATEMENT OF COMPLIANCE. NEW BOARD MEMBERS ATTEND A BOARD ORIENTATION SESSION WITH THE ORGANIZATION'S PRESIDENT & CEO, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND OTHERS WHERE THE ASSOCIATION'S POLICIES ARE REVIEWED AND DECLARE ANY POTENTIAL CONFLICT OF INTEREST. ALL BOARD MEMBERS HAVE A CONTINUING DUTY TO REPORT ANY ACTUAL OR POTENTIAL CONFLICT. THE POTENTIAL CONFLICTS FOR BOARD MEMBERS, OFFICERS, EMPLOYEES AND OTHERS ARE REVIEWED BY THE ASSOCIATION'S PRESIDENT & CEO, GENERAL COUNSEL, CHIEF FINANCIAL OFFICER AND VICE PRESIDENT, TALENT OPERATIONS AND IS REPORTED OUT TO THE INDEPENDENT AUDITORS AND AGA'S AUDIT COMMITTEE.

Schedule O (Form 990) 2021 Name of the organization	Page 2
AMERICAN GAS ASSOCIATION	Employer identification number 13-0431590
FORM 990, PART VI, SECTION B, LINE 15:	
CEO: THE PRESIDENT & CEO'S COMPENSATION IS FIRST DISCUSSED	BY THE BOARD
COMPENSATION COMMITTEE WITH AN INDEPENDENT CONSULTING FIRM	SPECIALIZING IN
NON-PROFIT ORGANIZATIONS TO DETERMINE THE BOARD COMPENSATION	ON COMMITTEE'S
RECOMMENDATION TO THE BOARD OF DIRECTORS. THE CHAIRMAN OF	THE BOARD THEN
PRESENTS THE RECOMMENDATIONS AND REASONS FOR THE PRESIDENT	& CEO
COMPENSATION ADJUSTMENT, IF ANY. THE PRESIDENT & CEO'S COM	PENSATION IS THEN
APPROVED BY VOTE OF THE FULL BOARD. CONTEMPORANEOUS SUBSTAN	VTIATION OF THE
DELIBERATIONS, DECISIONS, AND BOARD OF DIRECTORS ACTION IS	MAINTAINED IN
THE TALENT OPERATIONS FILES AND MINUTES OF THE COMPENSATION	I COMMITTEE AND
BOARD OF DIRECTORS MEETINGS.	

OTHER OFFICERS OR KEY EMPLOYEES: THE ASSOCIATION UTILIZES A MULTIFACETED APPROACH TO DETERMINE COMPENSATION NOT ONLY FOR ITS PRESIDENT & CEO, BUT FOR ITS OFFICERS AND EMPLOYEES. THIS INCLUDES ESTABLISHING WRITTEN POSITION DESCRIPTIONS, SALARY RANGES FOR POSITIONS, SETTING POSITION GOALS, PROVIDING WRITTEN PERFORMANCE EVALUATIONS, MEASUREMENT OF PERFORMANCE, QUARTERLY, SEMI-ANNUAL OR ANNUAL GOAL REVIEW, AND CONTEMPORANEOUS SUBSTANTIATIONS OF THE PROCESS. THE ASSOCIATION'S CURRENT COMPENSATION POLICY DATED NOVEMBER 30, 2011, DESCRIBES THE PROCESS IN MORE DETAIL. THE ASSOCIATION ALSO RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO ADVISE THE BOARD COMPENSATION COMMITTEE, OFFICERS, AND AGA LEADERSHIP. COMPENSATION ADJUSTMENTS USUALLY ARE RECOMMENDED BY SUPERVISORS AND APPROVED BY MANAGERS, DIRECTORS AND/OR OFFICERS. ADJUSTMENTS MUST ALSO BE APPROVED BY THE VICE PRESIDENT, TALENT OPERATIONS. OFFICER AND VICE PRESIDENT INDIVIDUAL SALARY ADJUSTMENTS ARE RECOMMENDED TO THE BOARD COMPENSATION COMMITTEE BY THE PRESIDENT & CEO AND MUST BE APPROVED BY THE BOARD COMPENSATION COMMITTEE AFTER REVIEW AND THEN REPORTED TO THE BOARD OF 132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
AMERICAN GAS ASSOCIATION	13-0431590

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE INFORMATION AVAILABLE IN A NUMBER OF WAYS. THE ORGANIZATION'S GOVERNING DOCUMENTS, OFFICERS, BOARD MEMBERS AND MEMBERS ARE AVAILABLE ON AGA'S WEBSITE (WWW.AGA.ORG) UNDER "ABOUT US." THE CONFLICT OF INTEREST STATEMENT IS ALSO AVAILABLE UNDER "ABOUT US." FINANCIAL STATEMENTS ARE REPORTED TO THE ENTIRE BOARD AND OTHERS ON A QUARTERLY BASIS. ANNUAL AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE ENTIRE MEMBERSHIP. FINANCIAL, GOVERNANCE AND OTHER INFORMATION CAN ALSO BE OBTAINED FROM THE ASSOCIATION ELECTRONICALLY BY REQUEST UNDER "CONTACT US" ON THE WEBSITE OR BY MAIL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAS 158 ADJUSTMENT

-541,935.

Schedule O (Form 990) 2021

132212 11-11-21

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.



13-0431590

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN GAS ASSOCIATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 12(b)(13) colled ity?
				501(c)(3))	·	Yes	No
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Schedule R (Form 990) 2021 AMERICAN GAS ASSOCIATION

13-0431590 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	partne	(k) or Percentag ownership
		foreign country)		sections 512-514)		255615	Yes	No	K-1 (Form 1065)	Yes	lo
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(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Sec 512(i contr ent	(i) ction (b)(13) rolled tity?
and the second	State of the second states	country)	2 B. A.					Yes	No
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Schedule R (Form 990) 2021 AMERICAN GAS ASSOCIATION

Part V T	Fransactions With Related Organizations.	Complete if the organization answered "Yes	s" on Form 990	, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	n la management de la companya de la				Yes	No
1	During the tax year, did the organization engage in any of the following trans	nsactions with one or more re	lated organizations listed in Pa	rts II-IV?			No.
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a control				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	1	X
C	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
e	Loans or loan guarantees by related organization(s)				1e		X
					and the second		
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
i.	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
151					1		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for rela	ted organization(s)			11		X
	Performance of services or membership or fundraising solicitations by rela						X
	Sharing of facilities, equipment, mailing lists, or other assets with related o					X	
					100000000000000000000000000000000000000		X
D	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses						X
					See. St	R State	
r	Other transfer of cash or property to related organization(s)				1r	X	 Andread Alterna
	Other transfer of cash or property from related organization(s)						X
	If the answer to any of the above is "Yes," see the instructions for informat						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount	involved		
(1)				, ,			
(2)							
(0)			2 .				
(3)							
(4)							
(5)							

(6) 132163 11-17-21

Schedule R (Form 990) 2021 AMERICAN GAS ASSOCIATION

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

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

at was not a related organization. See ins (a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	Are partner 501(c org Yes) all 5 sec. ()(3) 5.? No	(f) Share of total income	(g) Share of end-of-year assets	Disp tic alloc Yes	(h) propor- pnate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	nal or iging her? NO	(k) Percentage ownership
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