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DLN: 93493314033060

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Department of the Treasury

Form **990**

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

Open to Public

	2000 -							
		alendar yea T	r, or tax year beginning 01-01-200 C Name of organization	99 and ending 12-31-2009	•	D Employer	identification number	
Address o	applicable	Please use IRS	Institute of Gas Technology			36-2170		
_	-	label or print or	Doing Business As			E Telephone		
Name ch	-	type. See	Gas Technology Institute			(847) 76	8-0500	
Initial ret -		Specific Instruc-	Number and street (or P O box if mail 1700 S Mount Prospect Road	ıl ıs not delivered to street addres	ss) Room/suite		pts \$ 109,559,145	
Terminat	ed	tions.	1700 3 Modific Prospect Road				. , , ,	
Amended	l return		City or town, state or country, and ZII Des Plaines, IL 600181804	P + 4		1		
Application	n pending		Des Figures, IL 000101004					
		F Nar	ne and address of principal officer		H(a) Is the	■ his a group ret	turn for	
			Carroll			ates?	⊤Yes 🔽 No	
			Mount Prospect Road Ines, IL 60018		U/h\ Arc.	all affiliates inc	luded?	
							ist (see instructions)	
Tax-exe	mpt status	⋝ 501(c	(3) ◀(Insert no)	527		up exemption		
Websit	e: 🕨 ww	w gastechn	oloav ora					
					 		T	
			ion Trust Association Other		L Year of f	ormation 1941	M State of legal domicile	
Part I		mary	e organization's mission or most s	significant activities				
*	•		ation services and energy and en	-	cts for indus	stry and gover	nment in the United	
	States	GTI condu	cts educational courses on energ					
2	related	topics						
:								
2	Check	this box 叶	- if the organization discontinued	its operations or disposed	of more than	1 25% of its ne	et assets	
3	Numbe	r of voting i	nembers of the governing body (P	art VI, line 1a)		•	3	
4	Numbe	r of ındeper	dent voting members of the gover	rning body (Part VI, line 1b)		4	
5	Total n	umber of er	nployees (Part V, line 2a)				5	
6	Total n	umber of vo	lunteers (estimate if necessary)				6	
7a	Totalg	ross unrela	ted business revenue from Part V	III, column (C), line 12 .			7a 10,657	
ь	Netun	elated bus	ness taxable income from Form 9	90-T, line 34			7b -1,159	
					Pri	or Year	Current Year	
8	Contr	butions an	i grants (Part VIII, line 1h) .			11,091,413	11,932,2	
9 10	Progra	am service	revenue (Part VIII, line 2g) .	45,943,793				
10	Inves	tment incoi	ne (Part VIII, column (A), lines 3	-2,378,976				
ë ₁₁			art VIII, column (A), lines 5, 6d,			2,703,575 4		
12	Total	revenue—a	dd lines 8 through 11 (must equal	l Part VIII, column (A), line	<u> </u>			
						57,359,805	57,079,7	
	12) .			(A). lines 1-3)			3.,6.3,	
13	12) . Grant	s and sımıla	r amounts paid (Part IX, column (,			3,,,,,,,	
13 14	12) . Grant	s and sımıla	r amounts paid (Part IX, column (r for members (Part IX, column (A	,			37,673,7	
14 15	Grant Benef Saları	s and similate to c		A), line 4)	-	26 357 000		
14 15	Grant Benef Saları 10)	s and similats paid to c	r for members (Part IX, column (A	A), line 4)	i-	26,357,099		
14 15	Grant Benef Salari 10) Profes	s and similates paid to coes, other coes, other coes	r for members (Part IX, column (A) empensation, employee benefits (I) raising fees (Part IX, column (A),	A), line 4)	-	26,357,099		
14 15 25 16a 5	Grant Benef Saları 10) Profes	s and similar ts paid to des, other consistency sional fund	r for members (Part IX, column (A)) empensation, employee benefits (I) raising fees (Part IX, column (A)), enses (Part IX, column (D), line 25)	A), line 4) Part IX, column (A), lines 5	-		28,004,8	
14 15 25 16a b 17	Grant Benef Salari 10) Profes Total fo	s and similar ts paid to co es, other co esional fund indraising exp expenses	r for members (Part IX, column (A)) impensation, employee benefits (I) raising fees (Part IX, column (A), enses (Part IX, column (D), line 25) $\blacktriangleright 0$ Part IX, column (A), lines 11a-1	A), line 4)	-	42,854,290	28,004,8	
14 15 16a b 17 18	Grant Benef Saları 10) Profes Total fu	s and similar ts paid to des, other consistence sional fund undraising exp expenses of	r for members (Part IX, column (A), empensation, employee benefits (I) raising fees (Part IX, column (A), enses (Part IX, column (D), line 25) •0 Part IX, column (A), lines 11a-1 Add lines 13-17 (must equal Part	A), line 4)	-	42,854,290 69,211,389	28,004,8 0 43,947,9 71,952,8	
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14 15 16a b 17 18	Grant Benef Saları 10) Profes Total fu	s and similar ts paid to des, other consistence sional fund undraising exp expenses of	r for members (Part IX, column (A), empensation, employee benefits (I) raising fees (Part IX, column (A), enses (Part IX, column (D), line 25) •0 Part IX, column (A), lines 11a-1 Add lines 13-17 (must equal Part	A), line 4)	Beginnir	42,854,290 69,211,389	28,004,8 0 43,947,9 71,952,8	
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Education and energy and environmental research projects for industry and government in the United States GTI conducts educational courses on energy related topics and maintains and operates a library focusing on energy related topics

2		n undertake any signific or 990-EZ?		ervices during the year wh	ich were not listed on	└ Yes └ No				
	If "Yes," describe th	nese new services on S	chedule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe th	nese changes on Sched	ule O							
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported									
4a	(Code) (Expenses \$	37,136,479	ıncludıng grants of \$) (Revenue \$	35,316,921)				
	Sponsored energy and	environmental research and		imated number of clients 250						
4b	(Code) (Expenses \$	1,414,595	ıncludıng grants of \$) (Revenue \$	1,785,694)				
	Education program and	d services Estimated number	r of clients 400							
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4d	· -	vices (Describe in Sch	•	. .) /D +	,				
_	(Expenses \$		luding grants o	·) (Revenue \$)				
4e	Total program serv	/ice expenses►\$	38,551,07	4						

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		110
	complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other TR	S Filinas	and Tax	Compliance
	ota to ill cilto	itegai ailig	Otho: 210	g	ana ian	Compilation

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> N o</u>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N o
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1700 S Mount Prospect Road Des Plai

DesPlaines, IL 600181804

(847) 768-0804

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

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 14						
ь	Enter the number of voting members that are independent 10						
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?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
Ne	venue coue.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b					
	affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	_					
С	to conflicts?	12b	Yes				
	describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes	_			
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶IL , CA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply						
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of						
	interest policy, and financial statements available to the public. See Additional Data Table	\0 0r==	n 120+:	, b -			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Christopher Herrman	ie orga	ıııızatlor				

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

573,394

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►77

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
High Mountain Fuels LLC 575 Mountain Ave Murray Hill, NJ 07974	Engineering Services	1,162,960
Katten Muchin Zavis Rosenman 525 W Monroe Chicago, IL 60661	Legal Services	1,071,093
Superior Engineering LLC 2345 167th Street Hammond, IN 46323	Engineering Services	517,219
Merrill Lynch One N Wacker Dr Suite 1950 Chicago, IL 60606	Investment management	396,870
KPMG LLP 303 E Wacker Chicago, IL 60601	Auditing Services	339,295
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►14) who received more than	

Form 99	•	•						Page 9
Part V	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
둂	ь	Membership du	es 1b					
s,g	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	ations 1d					
E, S	e	Government grants	s (contributions) 1e	11,834,700				
its s	f	All other contribution	ons, gifts, grants, and 1f	97,500	ĺ			
音楽	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$	7,500	_	11 022 200			
<u>ठ</u> क	h	Total. Add lines	s 1a-1f		11,932,200			
e				Business Code				
Program Service Revenue	2a	Industry sponsored		541,700	45,905,327	35,316,921	10,588,406	
22	Ь	Education/program	<u> </u>	611,710	1,785,694	1,785,694		
MCA	C .	International mem	ber dues	519,100	5,000	5,000		
Š	d	Library Services		519,100	4,119	4,119		
Ē	e	A. II b.b						
Ď	'	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		47,700,140			
	3		ome (including dividen	. F	2 404 270		44.457	2 400 442
			ar amounts)	-	2,491,279		11,167	2,480,112
	5		tment of tax-exempt bond	proceeds	2,787,001		48,020	2,738,981
	5	Royalties	(ı) Real	(II) Personal	2,707,001		10,020	2,730,301
	6a	Gross Rents	201,151	(II) I ersonar				
	ь	Less rental						
	_c	expenses Rental income	201,151					
	d	or (loss)	me or (loss)	•	201,151			201,151
	 	Net rental incol	(i) Securities	(II) O ther	201/101			201,101
	7a	Gross amount	42,618,038	(II) O thei				
		from sales of assets other						
	ь	than inventory Less cost or	52,479,408					
		other basis and sales expenses						
	c	Gain or (loss)	-9,861,370					
	d	Net gaın or (los	s)	▶	-9,861,370			-9,861,370
ane	8a	Gross income for events (not included) \$	_					
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
īē.	Ь	less directors	penses b					
₹	_ c		(loss) from fundraising	events ►				
	9a		rom gaming activities le 19					
	ь		penses b					
	10a	Gross sales of returns and allo		vities				
	ь		a oods sold b					
	С	_	(loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	Equity in Earnir	ngs of Affiliates	541,900	1,619,641		4,737	1,614,904
	Ь	Admin services	3	561,000	4,735		4,735	
	С	Recovery of los	s	900,099	160,569			160,569
	d	All other revenu	ue		44,391			44,391
	e	Total. Add lines	s 11a-11d		1,829,336			
	12	Total revenue.	See Instructions .	▶	57,079,737	37,111,734	10,657,065	-2,621,262
								orm 990 (2009)

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,591,669		2,591,669	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,321,088	7,510,235	9,810,853	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,210,281	849,417	1,360,864	
9	Other employee benefits	4,249,753	1,633,192	2,616,561	-
10	Payroll taxes	1,632,036	627,196		
11	Fees for services (non-employees)	2,332,030	327,130	2,001,010	_
a	Management	280,173		280,173	
h	Legal	2,023,020		2,023,020	
c	Accounting	320,414		320,414	
d	Lobbying	277,281		277,281	
		2/7,281		2//,281	
e	Professional fundraising See Part IV, line 17	206.070		206.070	
f	Investment management fees	396,870	16.015.600	396,870	
g	Other	17,316,096	16,015,688	 	
12	Advertising and promotion	128,720		128,720	
13	Office expenses	5,278,239	4,645,798	· ·	
14	Information technology	691,524		691,524	
15	Royalties	0			
16	Occupancy	2,186,961	63,360		
17	Travel	986,871	446,720	540,151	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	144,811	112,025	32,786	
20	Interest	276,172		276,172	_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,383,201	1,301,202	1,081,999	
23	Insurance	641,247		641,247	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Other direct costs on sponsored internal projects	5,346,241	5,346,241		
b	Non Op Postretirement Ben Expense FAS 158	-1,441,479		-1,441,479	
c	State income tax expense	7,506		7,506	
d	Bad debt expense	-46		-46	_
e	Litigation Settlement	4,000,000		4,000,000	_
f	All other expenses	2,704,165		2,704,165	
25	Total functional expenses. Add lines 1 through 24f	71,952,814	38,551,074	 	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	, 1,332,014	30,331,074	33,131,770	<u> </u>
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,427,560	1	4,390,204
	2	Savings and temporary cash investments			3,586,321	2	2,064,023
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,947,289	4	15,642,512
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			935,000	7	693,083
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,483,336	9	838,560
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	40,673,772			
	ь	Less accumulated depreciation	10b	22,676,029	18,648,906	10c	18,280,653
	11	Investments—publicly traded securities			55,583,504	11	48,470,804
	12	Investments—other securities See Part IV, line 11		•	1,779,476	12	2,619,833
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	823,503
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			101,391,392	16	93,823,175
	17	Accounts payable and accrued expenses .	15,065,363	17	10,992,714		
	18	Grants payable		18			
	19	Deferred revenue	12,933,444	19	9,034,476		
_	20	Tax-exempt bond liabilities	3,400,000	20	3,100,000		
- Se	21	Escrow or custodial account liability Complete Part IV of Schedu	le D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- 🖺		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties			5,000,000	24	5,000,000
	25	Other liabilities Complete Part X of Schedule D			35,554	25	148,341
	26	Total liabilities. Add lines 17 through 25			36,434,361	26	28,275,531
- S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
ည		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets			64,957,031	27	65,547,644
Fund Balance	28	Temporarily restricted net assets			28		
星	29	Permanently restricted net assets				29	
丑		Organizations that do not follow SFAS 117, check here ► ar	ıd con	ıplete			
٥	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
Assets	30 31	Paid-in or capital surplus, or land, building or equipment fund				31	
9						32	
	32	Retained earnings, endowment, accumulated income, or other fu	iius		64,957,031		65,547,644
Net	33	Total labelities and not people (find belonge				33	
	34	Total liabilities and net assets/fund balances			101,391,392	34	93,823,175

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Inspection Employer identification number

Institute of Gas Technology

36-2170137 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization of (i) list your goven documents.	ie tion in sted in erning	(v) Did you no organizat col (i) or suppo	tify the tion in fyour	(vi Is t organiza col (i) or in the l	he ition in ganized	(vii) A mount of support?
	· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No				
Total									

ınstructions

(Complete only if you checked the box on line 5, 7, or 8 of Part Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007			(1)(A)(vi)
Calendar year (or fiscal year beginning (a) 2005 (b) 2006 (c) 2007			
$\frac{1}{2}$	(4) 2000	(-) 2000	(6) T - 1 - 1
	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and			
membership fees received (Do not			
include any "unusual			
grants ")			
2 Tax revenues levied for the			
organization's benefit and either			
paid to or expended on its behalf			
3 The value of services or facilities			
furnished by a governmental unit to			
the organization without charge			
4 Total. Add lines 1 through 3			
5 The portion of total contributions by			
each person (other than a			
governmental unit or publicly			
supported organization) included on			
line 1 that exceeds 2% of the			
amount shown on line 11, column			
(f)			
6 Public Support. Subtract line 5 from line 4			
Section B. Total Support			
Calendar year (or fiscal year heginning			1
(a) 2005 (b) 2006 (c) 2007	(d) 2008	(e) 2009	(f) Total
7 A mounts from line 4			
8 Gross income from interest,			
dividends, payments received on			
securities loans, rents, royalties			
and income from similar			
sources			
9 Net income from unrelated			
business activities, whether or			
not the business is regularly			
carried on			
10 Other income (Explain in Part			
IV) Do not include gain or loss from the sale of capital assets			
11 Total support (Add lines 7			
through 10)			
12 Gross receipts from related activities, etc (See instructions)	•	12	•
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or	fifth tax vear as a		nization
check this box and stop here	,	001(0)(0) 0.94	▶ □
·			
Section C. Computation of Public Support Percentage		14	0 %
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))			-
		15	
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14	l line 14 is 33 1/3%	15	this hox
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and	l line 14 is 33 1/3%		this box
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 		or more, check	► □
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and		or more, check	► □
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 	.6a, and line 15 is	or more, check	e, check this_
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on lise 10% or more, and if the organization meets the "facts and circumstances" test, check 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organication 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly supp	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 15 is 10% or more, and if the organization meets the "facts and circumstances" test, 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted

►□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		2,211	27,000		97,500	126,71
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	58,103,190	43,766,488	43,513,814	46,225,600	49,107,003	240,716,09
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	58,103,190	43,768,699	43,540,814	46,225,600	49,204,503	240,842,80
	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	26,651,402	28,377,452	22,281,211	31,184,957	29,039,682	137,534,70
c	Add lines 7a and 7b	26,651,402	28,377,452	22,281,211	31,184,957	29,039,682	137,534,70
8	Public Support (Subtract line 7c from line 6)						103,308,10
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	58,103,190	43,768,699	43,540,814	46,225,600	49,204,503	240,842,80
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,972,299	6,318,051	9,025,785	6,326,252	7,035,148	30,677,53.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,972,299	6,318,051	9,025,785	6,326,252	7,035,148	30,677,53
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	18,375	2,345	7,792	7,039	44,391	79,94.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	60,093,864	50,089,095	52,574,391	52,558,891	56,284,042	271,600,28
14	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or	fifth tax year as a	501(c)(3) orgar	nization, ▶
	ction C. Computation of Pub						
15	Public Support Percentage for 2009	•		13 column (f))		15	38 040 %
16	Public support percentage from 200	08 Schedule A, P	art III, line 15			16	48 800 %

15	38 040	%
16	48 800	%

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17 18

17 11 300 % 18

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493314033060

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Political Campaign and Lobbying Activities

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

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

Open to Public Inspection

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ♣ Section 527 organizations. Complete Part LA only

Na	ection 501(c)(4), (5), or (6) organization titute of Gas Technology			Employer ide	ntıfıcatıon number
				36-2170137	
Par		ganization is exempt unde	•		7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect poli	tical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	igers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c) except section 50	1(c)(3).
1	Enter the amount directly expe	nded by the filing organization for s	section 527 exem	pt function activities 🕨	\$
2		rganization's funds contributed to	other organization:	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	form 1120-POL for this year?			┌ Yes
5	were made For each organizat contributions received that we	nd employer identification number (ion listed, enter the amount paid fro re promptly and directly delivered t ittee (PAC) If additional space is	om the filing organ to a separate polit	ızatıon's funds Also enter ıcal organızatıon, such as a	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0	(e) A mount of political contributions received and promptly and directly delivered to a

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

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (Form 990 or 990-EZ) 2009				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	led F	orm	5768	3
		(a	1)		(b)	
		Yes	No	'	A mour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			52	26,105
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i				52	26,105
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s		
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less. Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\(5\)		ectio	
rai	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	••
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					
Со	implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	l Part	II-B, lın	ie 1ı		
	Tdentifier Peturn Deference Evnlanat	ion				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314033060

Employer identification number

OMB No 1545-0047

2009

Open to Public
Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization

Institute of Gas Technology

36-2170137

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	(a) Donor advised funds	(b) Funds a	and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to th	_	onor advised	Г Yes
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	Г Yes
rt III Conservation Easements. Complete	e if the organization answered "Yes"	to Form 990, Pa	rt IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea	<u> </u>	an historically impo	rtantly land area
Protection of natural habitat	Preservation of	a certified historic s	structure
Preservation of open space			
Complete lines 2a-2d if the organization held a qua	alified conservation contribution in the fo	rm of a conservatio	n
easement on the last day of the tax year		Held at	t the End of the Yea
Total number of conservation easements		2a	
Total acreage restricted by conservation easemen	ts	2b	
Number of conservation easements on a certified h		2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans			tion during
the taxable year	refred, refeased, extiliguished, or termina	ited by the organiza	ition during
the taxable year P			
Number of states where property subject to conser	vation easement is located 🛌		
Does the organization have a written policy regardi enforcement of the conservation easements it hold		indling of violations	, and Yes
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation ease	ements during the y	ear Þ
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during the year	► \$
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	☐ Yes ☐
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financ		
	Cilicites		
Complete if the organization answered	ions of Art, Historical Treasures	, or Other Simi	lar Assets.
Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ions of Art, Historical Treasures i "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater Id for public exhibition, education or resea	ment and balance s arch in furtherance	heet works of
Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. as 116, not to report in its revenue stater ld for public exhibition, education or research as 116, to report in its revenue statements that describes these as 116, to report in its revenue statements republic exhibition, education, or research	ment and balance s arch in furtherance i items t and balance sheet	heet works of of public service, : works of art,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its formal in the organization elected, as permitted under SFA historical treasures, or other similar assets held for	ions of Art, Historical Treasures I "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater ld for public exhibition, education or reseasinancial statements that describes these IS 116, to report in its revenue statements republic exhibition, education, or researches	ment and balance sl arch in furtherance e items t and balance sheet n in furtherance of p	heet works of of public service, : works of art,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its formation elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	ions of Art, Historical Treasures I "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater ld for public exhibition, education or reseasinancial statements that describes these IS 116, to report in its revenue statements republic exhibition, education, or researches	ment and balance starch in furtherance strems tand balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fifthe organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. Is 116, not to report in its revenue stater Id for public exhibition, education or reseastinancial statements that describes these Is 116, to report in its revenue statement republic exhibition, education, or research ins	ment and balance starch in furtherance in items t and balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its formular in the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X If the organization received or held works of art, his	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. Is 116, not to report in its revenue stater Id for public exhibition, education or reseastinancial statements that describes these Is 116, to report in its revenue statement republic exhibition, education, or research ins	ment and balance starch in furtherance in items t and balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or C)the	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	Γ	Loan	orexo	:hange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the	organızatıor	ı's ex	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	utions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mo	unt	
c	Beginning balance						Ī	1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						ļ	1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	√ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990	Par	rt IV. line	10.		
	Enacyment and complete	(a)Current Year)Prior			wo Years Back		Three Years B		e)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
Ь	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and	admınıstere	d for	the			
	organization by								г		Yes	No
	(i) unrelated organizations					•		•		3a(i)	<u> </u>	
	(ii) related organizations							•	[3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•				•		•	[3b		<u> </u>
	t VI Investments—Land, Buildings					100 D	art V Juno	10				
Fell	TVI Investments—Land, Buildings	s, and Equipme	iii. 3									
	Description of investment				Cost or s (Invest		(b)Cost or o basis (othe		(c) Accumul depreciati		(d) Bo	ok value
1a	Land		•				1,438	3,275				1,070,616
b	Buildings		•				23,894	,421	10,48	7,087	1	4,808,009
c	Leasehold improvements											
d	Equipment		•				13,175	5,943	9,79	0,679		2,247,483
	Other						2,165	5,133		0,604		154,545
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).) .			•		1	.8,280,653
									Schedu	ıle D (Form 9	90) 2009

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	` '	Cost or end-of	-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,		
Part VIII Investments—Program Related. See	e Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
	<u> </u>	<u> </u>	
	<u> </u>		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. Otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. Otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Due to affiliate State income taxes payable	5.)		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314033060

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Totals.

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public **Inspection**

Name of the organization	n	Employer identification number
Institute of Gas Techno	logy	
		36-2170137

nst	itute of Gas Technology						_	
						36-2170137		
Pa		rmation on Ac 990, Part IV, lır		de the United States	s. Complete	ıf the organ	iization answered	
1	For grantmakers. Do	es the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	sor	
	_			assistance, and the se		_		
	• -		_					No
	_							
2	For grant makers. Desci United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the	
3	Activites per Region (l	Jse Schedule F-1	(Form 990) ıf add	ditional space is needed)				
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,	1	y listed in (d)	(f) Total expendit	ures
		offices in the	employees or	fundraising, program services,		m service,	for region	
		region	agents in region	grants to recipients located in		ecific type of) in region		
uro	una			the region) Program services	Scientific res		1 6	5,406
. u i o	γρe			i rogram services	Scientific res	earch	1	,,,00
uro	pe			Unrelated trade or			2	2,360
				business				
Nort	h A merica			Program services	Scientific res	earch	=	L,076
	sia and the Newly			Program services	Scientific res	earch	2	2,971
	pendent States							
uro	pe			Indirect management			28	490,
است.	.h. A			activity				
NOIL	h A merica			Indirect management activity			(3,509
Sout	:h A merica			Indirect management			1.8	3,455
				activity				,

78,267

Part	IV, line 15, for an		eived more than \$5,	ies Outside the Ur ,000. Check this box				
(a) Name of organization		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total tax-exemp	number of recipion	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total	number of other	organizations or en	tities					- (Farm 000) 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
		I .

DLN: 93493314033060

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Institute of Gas Technology

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			36-2170137			
Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism or the compare in the expenses described to the compared to the c			1b	Yes	
2	Did the organization require substantiation prior to recofficers, directors, trustees, and the CEO/Executive [2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations	t appl	•			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?	4a	Yes	
ь	Participate in, or receive payment from, a supplement	al non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas			4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	_				
а	The organization?			5a	Yes	
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	,,	, , , , , ,	. , , , ,	. ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Mr David C Carroll	(I) (II)	326,862	170,000	33,767	35,462	15,846	581,937	
Mr Paul G Chromek	(1) (11)	133,456	32,000	25,210	31,818	13,096	235,580	
Mr John J Lewnard	(I) (II)	174,053	36,000	10,600	23,999	6,828	251,480	
Mr Ronald N Snedic	(ı) (ıı)	146,701	40,000	17,597	22,317	16,646	243,261	
Mr Kenneth L Wicherek	(I) (II)	79,314	20,000	95,215	18,846	2,439	215,814	
Mr Vann Bush	(1) (11)	155,376	21,303	14,385	27,229	16,086	234,379	
Mr Eddie Johnston	(ı) (ıı)	140,080	23,217	17,922	19,217	12,496	212,932	
Mr Willam Liss	(I) (II)	131,660	18,201	23,158	19,801	16,646	209,466	
Mr Mark Fejer	(I) (II)	159,348	16,528	10,567	30,600	9,113	226,156	
Mr Kent Perry	(I) (II)	145,888	19,243	20,270	30,270	1,726	217,397	
Mr Hamid Abbasi	(I) (II)	146,618	17,242	24,272	25,346	15,646	229,124	
Mr Ronald Edelstein	(ı) (ıı)	143,394	55,089	5,078	29,417	16,446	249,424	
Mr Robert Siegfried	(1) (11)	132,894	17,167	18,803	27,921	16,646	213,431	
Mr Stanley Borys	(ı) (ıı)			877,106			877,106	
Mr Christopher Herrman	(I) (II)	128,081	18,000	17,192	12,497	15,646	191,416	
Mr Guy Lewis	(I) (II)	129,312	19,201	23,544	24,702	18,646	215,405	
							Sched	ule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
I	1 a	GTI requires prior written approval of the President and CEO, or the Vice President of Finance, Treasurer and CFO, in order to reimburse any costs related to a spouse accompanying a staff member on a business trip GTI reimburses all employees up to 200 per year for health club dues substantiated by a receipt
I	4 a	Mr Kenneth L Wicherek received severence pay during 2009 totalling 71,203
I		Inventors share in the net proceeds received by GTI from licensed and/or assigned patents on which they are named as an inventor, in accordance with GTIs written Royalty Distribution Procedure Total such payments to the persons listed in Part VII, Section A amounted to 8,546 in 2009 The payments were made to Mr Abbasi and Mr Siegfried
I		Non-officers listed in Part VII, Section A, are eligible for incentive compensation under GTIs Management Incentive Plan Recommended bonuses are calculated under the terms of the plan, and the actual incentive awarded, must have the approval of the President of GTI
II	14	Payments to Mr Borys were related to the reimbursement of litigation related expenses

(F) Compensation

Software ID: 09000123 **Software Version:** 2009.0.12

EIN: 36-2170137

Name: Institute of Gas Technology

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns

(A) Name	(i) Base Compensation	iown of W-2 and/or 10 (ii) Bonus & Incentive compensation	99-MIS	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Mr David C Carroll	(I) 32	6,862	0,000	33,767	35,462	15,846	581,937	
Mr Paul G Chromek	(I) 13	3,456	32,000	25,210	31,818	13,096	235,580	
Mr John J Lewnard	(I) 17 (II)	4,053	36,000	10,600	23,999	6,828	251,480	
Mr Ronald N Snedic	(I) 14 (II)	6,701	10,000	17,597	22,317	16,646	243,261	
Mr Kenneth L Wicherek	(I) 7 (II)	9,314	20,000	95,215	18,846	2,439	215,814	
Mr Vann Bush	(I) 15 (II)	5,376	21,303	14,385	27,229	16,086	234,379	
Mr Eddie Johnston	(I) 14 (II)	0,080	23,217	17,922	19,217	12,496	212,932	
Mr Willam Liss	(I) 13	1,660	18,201	23,158	19,801	16,646	209,466	
Mr Mark Fejer	(I) 15 (II)	9,348	16,528	10,567	30,600	9,113	226,156	
Mr Kent Perry	(I) 14 (II)	5,888	19,243	20,270	30,270	1,726	217,397	
Mr Hamid Abbasi	(I) 14 (II)	6,618	17,242	24,272	25,346	15,646	229,124	
Mr Ronald Edelstein	(I) 14 (II)	3,394	55,089	5,078	29,417	16,446	249,424	
Mr Robert Siegfried	(I) 13	2,894	17,167	18,803	27,921	16,646	213,431	
Mr Stanley Borys	(I) (II)			877,106			877,106	
Mr Christopher Herrman	(I) 12 (II)	8,081	18,000	17,192	12,497	15,646	191,416	
Mr Guy Lewis	(I) 12 (II)	9,312	19,201	23,544	24,702	18,646	215,405	

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DLN: 93493314033060

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Inspection

	f the organization of Gas Technology					ı	mployer ic	lent if icat	ion numb	er
Institute o	or das recimology					3	36-21701:	37		
Part I	Excess Benefit Trai									
	Complete if the organizat	ion answered "Y	'es" on Form 990,	Part IV , line 25a o	or 25b, c	r Form	1990-EZ, I	Part V , lır		
1	(a) Name of disq	ualıfıed person		(b) Desc	cription	of trans	action		(c) C Yes	orrected?
									res	NO
	er the amount of tax impos	ed on the organi	ızatıon managers o	r disqualified pers	ons duri	ng the	year under			
	tion 4958							\$		
3 Ente	er the amount of tax, if any	, on line ∠, abov	e, reimbursed by ti	ne organization .			•	*		
Part II										
	Complete if the organiz	ation answered	"Yes" on Form 99	0, Part IV, line 26	, or Forr	n 990-		, lıne 38a		
		(b) Loan to			(e) I	n	(f) Approv	od	(g) Writ	ton
(a) Nam	e of interested person and	or from the	(c)O riginal	(d)Balance due	defau		by board		agreeme	
	purpose	organization?	principal amount	(-,			committ		•	
		To From			Yes	No	Yes	No	Yes	No
Total .			> s				1			
Part III	Grants or Assistar	ice Benefitti	ng Interested	Persons.						
	Complete if the orga	nızatıon answ	ered "Yes" on Fo	orm 990, Part IV	/, line 2	7.				
(;	a) Name of interested pers	on (b)Relationship betw	·	rson	(c)A	mount of gr	ant or tvi	oe of assi	stance
	- ,		and the o	rganization		(-)	<u>.</u>			
Part IV	Business Transact	ions Involvi	na Interested	Persons.						
	Complete if the orga				/, line 2	8a, 28	8b, or 28d	. .		
			Relationship				•		(e) S	haring of
(a)	Name of interested perso	n	een interested	(c) A mount of	(c	l) Desc	ription of t	ransactio	· n	nızatıon's
(-)	,	per	rson and the	transaction	,,	,			rev	enues?

organization

Yes

No

Additional Data

Software ID: Software Version:

EIN: 36-2170137

Name: Institute of Gas Technology

Form 990, Schedule L, Part IV -	Business Transaction	s involving intere	estea Persons		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organ	naring of ization's nues?
	organization			Yes	No
Atmos Energy Corporation	GTI Director also Officer of Atmos Energy Corp	100,000	GTI Sustaining Memb Program dues		No
Atmos Energy Corporation	GTI Director also Officer of Atmos Energy Corp	8,550	Education classes and document sales		No
Consolidated Edison of New York	GTI Director also Officer of ConEd of NY	100,000	GTI Sustaining Memb Program dues		No
Consolidated Edison of New York	GTI Director also Officer of ConEd of NY	517,289	GTI Project research funding education class		No
Southern California Gas Company	GTI Director also Officer of Southern Calif Gas Co	100,000	GTI Sustaining Memb Program dues		No
Southern California Gas Company	GTI Director also Officer of Southern Calif Gas Co	436,976	GTI Proj Research funding education class		No
Southern California Gas Company	GTI Director also Officer of Southern Calif Gas Co	5,975	Portion of royalties received paid to SoCal	Yes	
Piedmont Natural Gas	GTI Director also Officer of Piedmont Natural Gas	100,000	GTI Sustaining Memb Program dues		No
Piedmont Natural Gas	GTI Director also Officer of Piedmont Natural Gas	30,975	GTI Proj Research funding education classes		No

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DLN: 93493314033060

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization Institute of Gas Technology

Employer identification number

36-2170137

Ра	Types of Property							
		(a) Check ıf	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	- etermı	nıng	
		applicable		1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Programmable							
	Logic							
	Other ► (<u>Controller</u>)	X	1	97,500	Opinion of experts			
	O ther ▶()							
	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comp				29			
							Yes	No
30a	During the year, did the organize							
	must hold for at least three year				d to be used			
	for exempt purposes for the ent	re holding p	period?			30a		No
	If "Yes," describe the arrangem			,				N -
31	Does the organization have a gr					31		No_
32a	Does the organization hire or us contributions?				non-cash	32a		No
ь	If "Yes," describe in Part II							
	If the organization did not repor describe in Part II	t revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
I		The organization is reporting both the number of contributions received and the number of items received in column b

Schedule M (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization Institute of Gas Technology Employer identification number

36-2170137

ldentifier	Return Reference	Explanation
Schedule RV	2	Col c The fair market value of interest and royalties received from a controlled organization was determined based on the cash received from each organization and per the underlying notes or license agreement. The other transfers from other organizations were both in the form of cash and represented repayment of principal on a note, and a return of capital, respectively. The fair value of services provided to CrystaTech was determined using our normal industry time and material rates for 2009, or using our actual cost incurred and applying our 2009 standard industry indirect cost rates and fee. The fair market value of the facility and equipment leased from GTI Catoosa Test Facility, Inc., was determined as the sum of the depreciation expense of the equipment at the facility and the cost of the land lease, plus 5 on that sum. The fair market value of the services purchased from
Schedule R V	2	GTI Catoosa Test Facility, Inc. was determined as the operating and administrative costs of the facility plus 5
Form 990 VI	11A	The CFO reviews the Form 990 prior to its distribution to the members of the governing body
Form 990 VI	19	No documents available to the public
Form 990 VI	15	The positions that were reviewed included the President and CEO, Vice President and Chief Technology Officer, Chief Financial Officer, General Counsel and Secretary, Vice President of Corporate Development, Managing Director, Supply-Gasification, Managing Director, End Use Solutions, Managing Director, Delivery and Managing Director Supply-Exploration and Production Every year, an outside company, CBIZ, determines the appropriate total compensation ranges for the above positions. A recommendation for merit increases and bonuses is made to the Compensation Committee of the Board of Directors annually, based on the external market study performed by CBIZ, the companys performance, and the individuals performance. The Compensation Committee determines the final merit increase and bonus amounts. Merit increases and bonuses for both officers and managing directors are contdibelow.
Form 990 VI	15	contd from above based on specific formulas which incorporate target amounts for each set of increases, and are increased or reduced companywide based on the direction of the Compensation Committee. The Compensation Committee specifically approves all compensation for officers and reviews all compensation for managing directors as well. Their actions are detailed in the Compensation Committee Minutes.
Form 990 VI	12c	GTI has a separate written conflict of interest policy for its Board of Directors. Conflicts of interest must be reported immediately. If a conflict of interest is identified, it is discussed with the General Counsel to identify the proper course of remedial action. These actions may range from recusal in any business transactions involving GTI or the other interested organization, to writhdrawing from involvement in the other organizations business or board of directors, to other actions that assure the conflict of interest or even the appearance of a conflict of interest may be avoided. All GTI employees are covered by a separate written conflict of interest policy. Potential and actual employee conflicts of interest are reviewed by the General Counsel. All employees have an obligation to obtain the General Counsels prior written approval for all such activity.
Form 990 VI	12c	contd from above The failure to obtain such prior approval shall constitute grounds for immediate dismissal with cause. The directors annually complete a conflict of interest questionnaire. GTI employees annually complete a conflict of interest disclosure statement, and recertify compliance with the policy on a semi-monthly basis.

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DLN: 93493314033060

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Institute of Gas Technology

36-2170137

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

(a)
Name, address, and EIN 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

Part II

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 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

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

Gas Research Institute

1700 S Mount Prospect
DesPlaines, IL 60018

36-2881881

Scientific Research

IL

501C3

9 N/A

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

Cat No 50135Y

Schedule R (Form 990) 2009

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.)

4										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	(i) e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	agıng
1							Yes No		Yes	No
Endesco Clean Harbors LLC										,
1700 S Mount Prospect Road C DesPlaines, IL60018 36-4193654	Contractor/Consultant	DE G	GRI International Inc	Unrelated	-54,346	211,065	5 No			No
Cement Lock Group LLC										
1700 S Mount Prospect Road C DesPlaines, IL60018 36-4193651	Contractor/consultant	DE E	Endesco Services Inc	Unrelated	28,006	-146,332	Yes			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GRI International Inc 1700 S Mount Prospect DesPlaines, IL60018 36-4349614	Product Commercialization	DE	N/A	C Corp	-62,272	328,265	100 000 %
Endesco Services Inc 1700 S Mount Prospect DesPlaines, IL60018 36-3177556	Energy/Envrn Tech	IL	N/A	C Corp	23,182	5,137	100 000 %
GTI Catoosa Test Facılıty Inc 1700 S Mount Prospect DesPlaines, IL60018 74-2914111	Testing equipment	DE	N/A	S Corp	4,737	1,735,075	100 000 %
CrystaTech Inc 1700 S Mount Prospect DesPlaines, IL60018 74-2964099	Tech services	DE	N/A	C Corp	2,078,813	1,349,417	79 700 %
GTI E&P Services Canada Inc 101 6th Avenue SW Calgary, AB T2P3P4 CA	Tech Services	CA	N/A	C Corp			100 000 %

Schedule R (Form 990) 2009			Pag	e 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, I	line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		TY	'es	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	/?	T		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	3 Y	'es	
b Gift, grant, or capital contribution to other organization(s)	1b	γ	'es	
c Gift, grant, or capital contribution from other organization(s)	10	:		No
d Loans or loan guarantees to or for other organization(s)	10	ı Y	'es	
e Loans or loan guarantees by other organization(s)	1e	1		No
f Sale of assets to other organization(s)	1f	\pm		No
g Purchase of assets from other organization(s)	1 g	3		No
h Exchange of assets	1h	<u>ا</u> ر		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	1		No
j Lease of facilities, equipment, or other assets from other organization(s)		j Y	'es	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	(Y	'es	
l Performance of services or membership or fundraising solicitations by other organization(s)	11	Y	'es	
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n		No
n Sharing of paid employees	1n	1		No
• Reimbursement paid to other organization for expenses	10	, Y	'es	
p Reimbursement paid by other organization for expenses	1 _p	, Y	'es	
q O ther transfer of cash or property to other organization(s)	10	+	\dashv	No
r Other transfer of cash or property from other organization(s)	1r	Y	'es	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship				
(a) Name of other organization	(b) Transaction type(a-r) Amou	(c) unt in) nvolve	:d
(1) See Additional Data Table (2)	,, , , , , , , , , , , , , , , , , , ,			

(3)

(4)

(5)

(6)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: 09000123

Software Version: 2009.0.12

EIN: 36-2170137

Name: Institute of Gas Technology

Form 990, Schedule R, Part V - 1	Transactions With	Related	Organizations
		(a)	

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	GTI Catoosa Test Facility Inc	a	17,110
(2)	GTI Catoosa Test Facility Inc	I	71,909
(3)	Endesco Clean Harbors LLC	а	11,475
(4)	GTI Catoosa Test Facility Inc	r	91,917
(5)	GTI Catoosa Test Facility Inc	J	371,156
(6)	CrystaTech Inc	a	48,020
(7)	CrystaTech Inc	k	167,643
(8)	GRI International Inc	r	385,000

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Under Sections 179 and 280F(b)(2))

DLN: 93493314033060

OMB No 1545-0184

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Form **4797**

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► See separate instructions.

Sequence No 27

Nan	ne(s) shown on return	Ident if yi	ng nur	nber
Inst	utute of Gas Technology	36-2170	127	
1	Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or	30-2170	137	
	1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1		
Pa	Sales or Exchanges of Property Used in a Trade or Business and Involu From Other Than Casualty or Theft—Most Property Held More Than 1 Ye			
2	(a) Description of property acquired (mo , day, mo , day	st or other sis, plus ements and ise of sale		g) Gain or (loss) tract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 43		3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37		4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824		5	
6	Gain, if any, from line 32, from other than casualty or theft		6	_
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows .		7	-27,075
	Part nerships (except electing large part nerships) and S corporations. Report the gain or (loss) follow instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 12 below	_		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the a from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior y section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below	ear		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)		8	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on lin below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from as a long-term capital gain on the Schedule D filed with your return (see instructions)	m line 9	9	
Pa	rt II Ordinary Gains and Losses (see instructions)			
10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)			
11	Loss, if any, from line 7		11	(-27,075)
12	Gain, if any, from line 7, or amount from line 8, if applicable		12	
13	Gain, if any, from line 31		13	_
14	Net gain or (loss) from Form 4684, lines 35 and 42a		14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36		15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824		16	
17	Combine lines 10 through 16		17	-27,075
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return lines a and b below	·		
а	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the lo Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "F 4797, line 18a" See instructions	he part of	18a	
b			18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty						ć	(b) Dat acquired(n day, yr	no , (mo , day,	
A B											
C											
D											_
7	hese columns relate to the properties on lines 19A through 19D	►	Property A	P	ropert	у В	Prop	erty C		Property D	
20	Gross sales price (Note: See line 1 before completing)	20									
21	Cost or other basis plus expense of sale	21									_
22	Depreciation (or depletion) allowed or allowable	22									_
23	Adjusted basis Subtract line 22 from line 21 .	23									_
24	Total gain Subtract line 23 from line 20	24									
25	If section 1245 property:										
а	Depreciation allowed or allowable from line 22	25a									
b	Enter the smaller of line 24 or 25a	25b									_
26	If section 1250 property: If straight line										
	depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291										
а	Additional depreciation after 1975 (see instructions)	26a									
b	Applicable percentage multiplied by the smaller of										-
_	line 24 or line 26a (see instructions)	26b									_
c	Subtract line 26a from line 24 If residential										
	rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c									
d	Additional depreciation after 1969 and before 1976	26d									-
e	Enter the smaller of line 26c or 26d	26e									-
f	Sections 291 amount (corporations only)	26f									_
g	Add lines 26b, 26e, and 26f	26g									_
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being										
	completed for a partnership (other than an										
	electing large partnership)										
а	Soil, water, and land clearing expenses	27a									_
Ь	Line 27a multiplied by applicable percentage (see instructions)	27b									-
c	Enter the smaller of line 24 or 27b	27c									_
28	If section 1254 property: Intangible drilling and development costs,										
а	expenditures for development of mines and other										
	natural deposits, mining exploration costs, and	20-									
h	depletion (see instructions)	28a 28b							+		-
29	If section 1255 property:	200							+-		_
a	Applicable percentage of payments excluded from										
-	income under section 126 (see instructions)	29a									_
Ь	Enter the smaller of line 24 or 29a (see instructions)	29b									_
	ımmary of Part III Gains. Complete prope			า D th	rougl	n line 2	29b befor		ng to lir	ne 30.	_
30	Total gains for all properties Add property column	ıs A th	irough D, line 24					30			_
31	Add property columns A through D, lines 25b, 26g	g, 27 c	, 28b, and 29b Ent	er here	and c	n line 1	. 3	31			
32	Subtract line 31 from line 30 Enter the portion fro	m cas	ualty or theft on Fo	rm 468	84, lın	e 37 E	nter the				-
-	portion from other than casualty or theft on Form 4		-				• •	32			
Pai	Recapture Amounts Under Sectio (see instructions)	ns 17	79 and 280F(b)	(2) V	Vhen	Busin	ess Use	Drop	s to 5	0% or Less	
	•						Section		1	ection	_
33	Section 179 expense deduction or depreciation a	llowah	le in prior vears -	. [33	:	L79		280F	(b)(2)	_
34	Recomputed depreciation (see instructions) .			<u> </u>	34						_
35	Recapture amount Subtract line 34 from line 33 See the ins	truction	is for where to report		35				<u> </u>		_

Software ID: Software Version:

EIN: 36-2170137

Name: Institute of Gas Technology

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and					.013			(5)	(5)	(5)
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mr David C Carroll President CEO	40 00			×			,	530,629	0	51,308
Mr Paul G Chromek General Counsel Secretary	40 00			X				190,666	0	44,914
Mr John J Lewnard VP and Chief Tech Officer	40 00			X				220,653	0	30,827
Mr Ronald N Snedic VP Business Development	40 00			X				204,298	0	38,963
Mr Kenneth L Wicherek VP Finance, Treasurer and CFO	40 00			X				194,529	0	21,285
Mr Vann Bush M D Supply Gasıfication	40 00				X			191,064	0	43,315
Mr Eddie Johnston M D Delivery	40 00				X			181,219	0	31,713
Mr Willam Liss M D End Use Solutions	40 00				X			173,019	0	36,447
Mr Randall Barnard Chair	1 00	X						0	0	0
Mr Robert W Best Director	1 00	X						0	0	0
Mr Arthur Corbin Director	1 00	X						0	0	0
Mr Charles D Davidson Director	1 00	Х						0	0	0
Mr John Hofmeister Director	1 00	Х						0	0	0
Mr Terry D McCallister Vice Chair	1 00	X						0	0	0
Ms Mary Jane McCartney Director	1 00	X						0	0	0
Mr James T McManus Director	1 00	X						0	0	0
Ms Rebecca Ranich Director	1 00	X						0	0	0
Mr David F Smith Director	1 00	X						0	0	0
Mr John W Somerhalder II Director	1 00	X						0	0	0
Mr Lee M Stewart Director	1 00	X						0	0	0
Ms Lorı Traweek Dırector	1 00	X						0	0	0
Mr Mark Fejer Chief Patent Counsel	40 00					X		186,443	0	39,713
Mr Kent Perry Ex Dir EP Research	40 00					X		185,401	0	31,996
Mr Hamid Abbasi Ex Dir EP Tech Dev	40 00					X		188,132	0	40,992
Mr Ronald Edelstein Dir Reg Gov relations	40 00					X		203,561	0	45,863

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	l	((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Mr Robert Siegfried Senior Institute Scientist	40 00		•			Х		168,864	0	44,567	
Mr Stanley Borys Former officer	1 00						Х	877,106	0	0	
Mr Christopher Herrman VP Fin , Treas CFO	40 00			X				163,273	0	28,143	
Mr Guy Lewis M D EP Sector	40 00				Х			172,057	0	43,348	
Mr Thomas E Skains Director	1 00	Х						0	0	0	
Mr Alexander A Karsner Director	1 00	Х						0	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other direct costs on sponsored internal projects	5,346,241	5,346,241		
Non Op Postretirement Ben Expense FAS 158	-1,441,479		-1,441,479	
State income tax expense	7,506		7,506	
Bad debt expense	-46		-46	
Litigation Settlement	4,000,000		4,000,000	