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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

 \approx

Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning Oct 1 2009, and ending Sep 30 2010 D Employer Identification Number Check if applicable riease us-IRS label or print or type. See 75-3073054 East Tennessee Clean Fuels Coalition Address change Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change (865) 974-3625 311 Conference Center Building specific Instruc-tions Initial return State ZIP code + 4 City, town or country Termination Amended return Knoxville 37996 G Gross receipts \$ H(a) Is this a group return for affiliates? F Name and address of principal officer Yes No Application pending H(b) Are all affiliates included? Yes Jonathan Overly 311 Conference Center B Knoxville TN 37996 If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or http://eerc.ra.utk.edu/etcfc/index.html H(c) Group exemption number Website: ► M State of legal domicile L Year of Formation 2003 Form of organization X Corporation Trust Summary Part I Environmental Quality & Energy Security Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 4 10 Number of independent voting members of the governing body (Part VI, line 1b) To 5 Total number of employees (Part V, line 2a) 6 30 Total number of volunteers (estimate if necessary) 7 a ٥. 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 b b Net unrelated business taxable income from Form 990-T, June 34 RECEIVED **Prior Year Current Year** 250,561. 87,667. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and JAN 07 2011 0. 1,350. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) 89,017. 250,561. 85,773. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,855. 116,993. 159,830. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 116,993. 245,603. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -27,976. 4,958. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 98,613. 20 Total assets (Part X, line 16) 88,405 21 Total liabilities (Part X, line 26) 0 0. Net C 98,613. 22 88,405 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block impanying schedules and statements, and to the best of my knowledge and belief, it is all information of which preparer has any knowledge 12/03/10 Sign Signature of officer Here Executive Director Jonathan Overly Type or print name and title Preparer's identifying number (see instructions) Date Check if Paid employed > X Preparer's signature Pre-Joel Day 12/06/10 parer's Firm's name (or A+ FINANCIAL LLC Use 266 Cross Anchor Place EIN Only 279-0099 TN 37686 **►** (423) Piney Flats Phone no Yes May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2009) East Tennessee Clean Fuels Coalition	15-30/30	154		Page 2
	Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	Environmental Quality & Energy Security				
			- -		. .
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	_		
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	, [Yes	X	No
	If 'Yes,' describe these changes on Schedule O	_	•		
4		xpenses Sec	tion 50	1(c)(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allog	cations to oth	ers, the	totàl	
	expenses, and revenue, if any, for each program service reported				
4:	a (Code) (Expenses \$ 203,183. including grants of \$ 183,693.) (Rev	enue \$	21	50 51	61 \
7	The Fact Toppegge Clean Field (California (FIECE)) is a	ende \$		0,0	<u>, , , , , , , , , , , , , , , , , , , </u>
	The East Tennessee Clean Fuels Coalition (ETCFC) is a	-		-	
	nonprofit organization based out of Knoxville, TN.	-			
	That serves all of the eastern portion of the state. The				
	ETCFC is largely made up of people who live and work				
	in the region who are striving to reduce dependence				
	on_oil_and_improve regional air quality and sustainability.				
	The ETCFC's goals are to 1) expand the production				
	and use of alternative fuels here, 2) support all	 -			
	actions that help reduce petroleum use here, 3)				
	help increase the education and awareness of East				
	See Form 900 Page 2 Part III Line 4a (continued)				
	See Form 990, Page 2, Part III, Line 4a (continued)				
41	b (Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
			- -		
			· – – -		
4	c (Code) (Expenses \$ including grants of \$) (Rev	enue \$)
					-
					
					-
		 -			
		_ _			
				- -	
		_			
4	d Other program services (Describe in Schedule O.)				
•	(Expenses \$ including grants of \$) (Revenue \$			1	
4	e Total program service expenses ► 203,183.				
٠,					

a	CIV Oneckilst of Required Schedules			
	Г		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	х	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	_	x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	_x	
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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) East Tennessee Clean Fuels Coalition

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 <i>a</i>	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	to Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ЗАА		Form	990 ((2009)

Page 5

aı	t V Statements Regarding Other ms rinings and rax Compliance	 ,		
	Estantha mushan anadad in Day 2 of form 1006. Appual Survey	{	Yes	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	}		:
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		_	
2 t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_		
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
Ŀ	olf '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	_		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6 <i>a</i>	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		х
ŧ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	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		X
ŧ	of '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?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
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		x
9	Sponsoring organizations maintaining donor advised funds.			Γ.
-	a Did the organization make any taxable distributions under section 4966?	9a		х
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter.			
á	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
-	a Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form 990 (2009)

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body

No

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

ŀ	Enter the number of voting members that are independent	1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, trustee or key employee?	tionship with any other	2		х
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		х
4	Did the organization make any significant changes to its organizational documents		4		Х
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization's	s assets?	5		Х
6	Does the organization have members or stockholders?		6		Х
78	Does the organization have members, stockholders, or other persons who may elect one or magoverning body?	ore members of the	7a		х
ı	Are any decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under the following	aken during the year by			
á	The governing body?		8a	х	
1	Each committee with authority to act on behalf of the governing body?		8ь	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		х
	tion B. Policies (This Section B requests information about policies not in the Property of the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests information about policies not in the Policies (This Section B requests) (This Section B requests information about policies not in the Policies (This Section B requests) (This Section B re	required by the Internal			
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10a	Х	
l	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b	х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х	
117	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990				
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х
ı	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	nat could give rise	12b		
(Does the organization regularly and consistently monitor and enforce compliance with the polic Schedule O how this is done	cy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		Х
14	Does the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci-				
i	The organization's CEO, Executive Director, or top management official		15a		Х
ı	Other officers of key employees of the organization		15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		7		
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	rrangement with a taxable	16a		х
1	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to status with respect to such arrangements?	o evaluate its participation he organization's exempt	16 b		
Sec	tion C. Disclosures	<u></u> -			
	List the states with which a copy of this Form 990 is required to be filed Tennessee	<u> </u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request	d 990-T (501(c)(3)s only) ava	ılable	for pu	ublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public.	ents, conflict of interest policy	, and	financ	cial
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records of the organi	zation		
			65)_9		3625

Form 990 (2009) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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. 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	_		((D)	(E)	(F)
Name and Title	Average hours per week	Po andividual trustee	onstitutional trustee	Officer	all Key employee	High est congensated employee	r Graner	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mark Mauss President	1.00			x				0.	0.	0.
Mark Downing Secretary	1.00			х				0.	0.	0.
John Yeager Treasurer	1.00			х				0.	0.	0.
Keri Brill Board	1.00	х						0.	0.	0.
Tim Burchett Board	1.00	x						0.	0.	_0.
Joe Claxton Board	1.00	х						0.	0.	0.
Joe Gaines Board	1.00	х						0.	0.	0.
Stephen Gossett Board	1.00	х						0.	0.	0.
Kelly Tiller Board	1.00	х						0.	0.	0.
Parks Wells Board	1.00	х						0.	0.	0.
Jonathan Overly Executive Dir.	60.00			х			ļ	0.	0.	0.
			<u> </u>							
			ļ. <u>.</u>				_			
				_			_			

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Emp	loyee	s (coi	nt.)
(A)	(B)			(((D)	(E)		(F)	
Name and Title	Average hours per week	-	_			_		Reportable compensation from	Reportable compensation from	amo	stimated unt of ot	her
	per ween	direc	nstitutional	Officer	Key en	Highest employe	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	f	npensation rom the panizatio	
		Individual trustee or director	onal		employee	t com	`			ar	id relate anization	d
		stee	trustee		i iš	compensa:						
			a a			ited						
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	-											
1 b Total	<u> </u>			1	L		>	0.	0.			0.
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportab	le comp	ensatı	
from the organization			-							_	Yes	No
3 Did the organization list any former officer, director	or truste	e k	ev e	mnl	ove	e 01	r hia	hest compensated	1 employee		ies	NO
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual									_3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com 0,000	pen)? /i	sation f 'Ye	on a	ind o	othei olete	r compensation fro Schedule J for su	om och	4		x
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpensa	tion	froi	m ar	ny u	nrel	ated	organization for s	services	5		
Section B. Independent Contractors	edule J	101 5	ист	per.	SOII						<u> </u>	<u> </u>
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent d	conti	ract	ors t	that	received more tha	n \$100,000 of			
(A) Name and business addres	c							(B Description) of Services	Compe	C)	
Name and business dadies								Description		Офпр	, ii satic	
								-				
0.711												
2 Total number of independent contractors (including the \$100,000 in compensation from the organization ▶	out not l	ımıte	ed to	tho	se	ıste	a ab	ove) who received	more than			

Page 9

1 4		m, statement or re	TOILUC						
_						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1.	Federated campaigns		1a					
F E		, ,			17 241				
& S		Membership dues		1 b	17,341.				
S, G	C	: Fundraising events		1 c	21,217.				
트용	d	Related organizations		1 d					
S, G	е	Government grants (contribution	ons)	1 e	183,693.				
8 8		• •	-						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included a	rants, and above	1f	28,310.				
퉏	g	Noncash contribns included in	Ins 1a-1f	\$_					
요록	h	Total. Add lines 1a-1f			•	250,561.			
핔					Business Code			<u> </u>	
훕	2 a	'							
_ ₫	b			· – – †-					
핒				· - - †					
ا چ	C			+					
몽	d	1		- – ∔					,
₹	е	·		- – ↓					
[5	f	All other program service	e revenu	e L					
PROGRAM SERVICE REVENUE	ď	Total. Add lines 2a-2f			>				
	3	Investment income (incl	udina div	dende	interest and				
	3	other similar amounts)	duling div	iuci ius,	Interest and				
	4	Income from investment	t of tay-ey	emnt h	ond proceeds		-		
		Royalties	t or tax-c/	compt t	bona proceeds			-	
	5	Royalties	(i) R	aal	(II) Personal				
	_		(I) N	eai	(II) Fersonal				ļ
		Gross Rents			-				İ
	b	Less rental expenses							
	C	Rental income or (loss)							,
	d	Net rental income or (lo	ss)		•		_		
	-	0	(ı) Sec	urities	(II) Other				
	/ a	a Gross amount from sales of assets other than inventory				1			
		access canci and inventory				1			
	t	Less: cost or other basis							ļ
		and sales expenses				ļ			
		Gain or (loss)	<u> </u>			•			
	C	Net gain or (loss)							
Æ	8 <i>a</i>	Gross income from fund (not including \$	draising e	vents		<u> </u>			
REVENUE		of contributions reported			1			1	1
Ě				-					
		See Part IV, line 18		č.	¹ <u></u>				ļ
ОТНЕВ		Less direct expenses		t)	}		1	
J	C	Net income or (loss) fro	m fundra	ising ev	rents ►				
	9 a	Gross income from garr See Part IV, line 19	ning activi	ties					
		Less: direct expenses		ì]			
	•	Net income or (loss) fro	m gamını	g activi	ti <u>es</u> ▶				
	10=	Gross sales of inventor	/ less ret	urns				1	
		and allowances	, , .000 .00	s	a]	1		
	ŀ	Less cost of goods sold	d	ı		1			1
		c Net income or (loss) fro		of inver	ntony •	1		[1
		Miscellaneous Rever		21 111VE	Business Code	İ		1	
	44					· 0.	0.) o.	.l o.
	_	Workshop fees		T	480000	1	ļ	1	- 0.
	t	b		‡		-		_	
	(C				<u> </u>		<u></u>	
	•	d All other revenue		L		ļ. <u></u>			
	•	e Total. Add lines 11a-11	d		•	0.			
	12	Total revenue. See inst	ructions		•	250.561.	0.	0.	. 0.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	85,773.	85,773.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	65,775.	65,115.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			•	
10	Payroll taxes				
11	Fees for services (non-employees)				
á	Management	99,603.	69,722.	19,921.	9,960.
ı	Legal	397.	0.	397.	0.
•	Accounting	1,000.	0.	1,000.	0.
•	i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
ç	Other				
12	Advertising and promotion	28,248.	27,425.	823.	0.
13	Office expenses	1,266.	0.	1,266.	0.
14	Information technology	1,409.	986.	282.	141.
15	Royalties				
16	Occupancy				
17	Travel	9,445.	6,611.	1,889.	945.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,114.	10,580.	3,023.	1,511.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				. <u> </u>
	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)				
	Dues	369.	0.	369.	0.
	Meals	1,687.	1,181.	337.	169.
(Miscellaneous	1,292.	905.	258.	129.
	i				
•)				
1	All other expenses				
_25		245,603.	203,183.	29,565.	12 <u>,855</u> .
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 campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 2 88,233 98,613. Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 864 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10b 864 172. 10 c **b** Less accumulated depreciation 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 88,405 98,613. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 0 17 0. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 0 26 Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 88,405 Unrestricted net assets 27 98,613. 28 Temporarily restricted net assets 29 Permanently restricted net assets Q Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 88,405. 33 98,613. 33 Total net assets or fund balances. Total liabilities and net assets/fund balances 88,405. 34 98,613.

BAA

Form **990** (2009)

	Form 990 (2009)		Tennessee			Coalition							
Part XI Financial Statements and Reporting													

75-3073054 Page 12

- are xii 7 manolar otatomonto ana reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		_	_
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	L	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 separate basis		~ ~	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
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.	3 b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Employer identification number

Eas															1: -					40 Hb					73054				
Par		_																					See	1113	struct	10115			
	rga				•								•			•	_		eck onl	-	-								
1	H			•														ın s	ection	170(0)(ΙДА	J(I).							
2	H												-		chedu		-	••	4704.										
3	H		•		•			•				•							170(b)				L\/4\/	·		41 1			
4	Ш						ganız	atio	n op	erate	ea i	in co	onjuno	ction	with	a no	spita	ı ae:	scribea	in sec	tion	170(рхіха	ιχιι	ı). Ente	er the ho	spii	ais	
5		An o	organ	nizati	nd sta on op v) . ((era	ted fo	r the Pa	ne be	nefit	of	a co	llege	or u	niver	sity o	owne	d or	operat	ed by a	gov	ernr	nental	uni	it descr	ibed in	sec	lion	
6 7	X	A fe	dera	l, sta nzati	te, or	loc at n	al go orma	verr	nmer ecer	nt or over	a sı	ubsta							tion 17 n a gov				or from	the	e gener	ral publi	c de	scrib	ed
8	П	In section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)																											
9		An of from Inve	orgar acti stme	nizati ivitie: ent in	on th s rela	at n ted	orma to its d unr	lly r exe	ecer empt ed b	ves func	(1) etio	moi ns –	re tha - subi	in 33 ject to ncon	-1/3 9 o cerl ne (le	% of tain	ıts s exce	uppo	ort from	(2) no	mor	e tha	an 33-1	/3	% of its	s, and g s suppo organiz	rt fro	om ar	oss
10	П	An o	orgar	nızatı	on or	gan	zed a	and	оре	rated	l ex	clus	ively	to te	st for	pub	olic sa	afety	See s	ection	509	(a)(4).						
11		An o	orgar e pul	nızatı blicly	on or	gan oorte	zed a	and	ope	rated	l ex des	clus	ively ed in	for th	he be	nefit 09(a)	t of, t	o pe	rform t	he fund 09(a)(2	ction	s of.	or car	ry (50 9	out the 9(a)(3).	purpose Check	es o	f one box t	or hat
	describes the type of supporting organization and complete lines 11e through 11h. a Type I																												
е																													
f																													
g		Sinc	e Au	ıgust	17, 2	200€	, has	s the	e org	anıza	atıc	n ac	cepte	ed ar	ny gift	t or	conti	ıbut	ion froi	n any o	of the	e foll	owing	per	sons?				
																										· · · · · ·		Yes	No
		(i)	a p bel	erso ow,	n who	o dır over	ectly	or bod	ındır İy of	ectly the s	co sup	ntro! port	ls, eit ed org	her a ganız	alone zation	or to	ogeth	er w	nth per	sons de	escri	bed	ın (II) a	and	(111)	11 g	<u>(i)</u>	_	
		(ii)	a f	amıly	mer	nbe	ofa	а ре	ersor	des	crıt	oed i	n (i)	abov	e?											11 g	(ii)		
		(iii)	а 3	35%	contro	olled	l entr	ty o	fар	ersor	n d	lescr	ıbed	ın (ı)	or (II	ı) ab	ove?									11 g	(iii)		
h		Prov	/ide	the f	ollowi	ng i	nforn	natio	on al	out t	the	sup	porte	d org	ganıza	atıor	ns												
	Œ	Nam Or	e of S ganiza	upport ation	led			(ii) E	ΞIN			(d	escribe	ed on li or IRC	anizatio ines 1 section ions))	9	orga	listed	s the on in col in your ning nent?	(v) Did the org co your		ion in f	organiz (i) orga	i) Is zatio anize U S	n in col	(vii) A	moun	nt of Sup	oport .
											\perp						Ye	es .	No	Yes	_	No	Yes	4	No				
						+					+						\vdash	\dashv			+			+					
									·		1									<u> </u>	\perp								
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						\dagger				_	\dagger						<u> </u>	\dashv			+			\dagger					
						+					+						\vdash	\dashv		├	+		-	+					
Total																													

b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009 TEEA0402 10/08/09

Schedule A (Form 990 or 990-EZ) 2009 East Tennessee Clean Fuels Coalition 75-3073054 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in)> (a) 2005 **(b)** 2006 (e) 2009 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 **b 33-1/3 support tests** — **2008.** If the organization did not check a box on line 14 or 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 Complete this part to provide the explanations required by Part II, line 10:
- diciv	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

	- '	' to Form 990, Part IV, line 5 (Proxy Tax), th ganizations Complete Part III	en		
	of organization			Employer identifica	tion number
Eas	st Tennessee Clean	Fuels Coalition		75-307305	4
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
		organization's direct and indirect political ca			
2	Political expenditures	·	. •	, ► \$	
3	Volunteer hours				
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
		se tax incurred by the organization under se		▶ \$	
2	Enter the amount of any exci	se tax incurred by organization managers u	nder section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
48	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV.	<u> </u>			
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	organization's funds contributed to other or	rganizations for section	on 527 exempt ►\$	
3	Total of exempt function expeline 17b	enditures. Add lines 1 and 2 Enter here and	d on Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?		,	Yes No
5	made. For each organization contributions received that we	and employer identification number (EIN) or listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC). If additional space is needed, prov	ı organızatıon's funds. arate political organiz	. Also enter the amount ation, such as a separa	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0
		·			

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200 Part II-A Complete if t		ssee Clean Fuels on is exempt under se		75-3073 d filed Form 5768 (e le	
section 501(h)).			aoa : o o. o. (o.	
—		ongs to an affiliated group			
B Check ► If the filin		cked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' me	ing Expenditures — ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	blic opinion (grass roots lo	bbying)	0.	
b Total lobbying expenditu	res to influence a l	egislative body (direct lobb	ying)	0.	
c Total lobbying expenditu	res (add lines 1a a	ind 1b)		0.	
d Other exempt purpose ex	xpenditures			0.	
e Total exempt purpose ex	penditures (add lir	nes 1c and 1d)		0.	
f Lobbying nontaxable amboth columns	ount. Enter the am	ount from the following tab	ile in	0.	
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable a	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable a	mount (enter 25%		0.		
h Subtract line 1g from line	e 1a If zero or les	s, enter -0-		0.	
i Subtract line 1f from line	1c If zero or less	, enter -0-		0.	
j If there is an amount oth section 4911 tax for this	er than zero on ei year?	ther line 1h or line 1i, did th	ne organization file Forr	n 4720 reporting	☐Yes ☐ No
(Som	e organizations the	4-Year Averaging Period lat made a section 501(h) e lns below. See the instruct	election do not have to	complete all of the five gh 2f.)	
	Lob	bying Expenditures Durin	g 4-Year Averaging Per	iod	
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 nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	.—				
f Grassroots lobbying expenditures	<u>-</u>				
BAA				Schedule C (Form	1 990 or 990 EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 East Tennessee Clean Fuels Coalition 75-3073054

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(á	9)	(b)
	Yes	No	Amount
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.		,	1
a Volunteers?			1
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(-VE		ention E01(a)(6)
Complete if the organization is exempt under Section 501(CX4), Section 501(CJ(S)	, or s	ection sur(c)(e).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or s	ection 501(c)(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	is á	nswe	ered 'Yes.'
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).		į	
a Current year		2a	<u></u>
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	
A. If notices were cent and the amount on line 2e exceeds the amount on line 2, what notices of the exceeds			
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?	al	4	<u> </u>
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and large this part for any additional information.	Part II	-B, lin	e 1ı
		 -	
		· -	

Schedule C (Form 990 or 990-EZ) 2009 East Tennessee Clean Fuels Coalition	75-3073054	Page 4				
Rartily Supplemental Information (continued)						
Page 4 Page 4						
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Eas	st Tennessee Clean Fuels Coal	ition		75-3073054
	t I Organizations Maintaining Dono	r Advised Funds or Other	Similar Funds or Acc	
	the organization answered 'Yes' t	o Form 990, Part IV, line	6.	
		(a) Donor advised fu	ınds <b>(b)</b> (	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the as to the organization's exclusive le	sets held in donor advised gal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor	that grant funds may be advisor or for any other	☐ Yes ☐ No
Pai	t II   Conservation Easements Compl	ete if the organization ans	wered 'Yes' to Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that	apply).	
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historical	ally important land area
	Protection of natural habitat		Preservation of certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conservation of	contribution in the form of a	conservation easement on the
	last day of the tax year.			Hold at the End of the Year
_	Total number of conservation easements		2a	Held at the End of the Year
		monto	2b	
	<ul> <li>Total acreage restricted by conservation easer</li> <li>Number of conservation easements on a certif</li> </ul>			<del>-</del>
			(a) 2c 2d	
	Number of conservation easements included in Number of conservation easements modified,	` '		paration during the tay
3	year •	transierreu, releaseu, extinguisir	ed, or terminated by the orga	anization during the tax
4	Number of states where property subject to co	nservation easement is located i	<u> </u>	
5	Does the organization have a written policy reand enforcement of the conservation easement	t it holds?	-	ons, Yes No
6	Staff and volunteer hours devoted to monitoring during the year	g, inspecting, and enforcing con	servation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conserva	ation easements \$ _	
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requ	irements of section	Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in on the organization's financial sta	its revenue and expense stal tements that describes the o	tement, and balance sheet, and rganization's accounting for
Paı	Organizations Maintaining Colle Complete if the organization ans			nilar Assets
1 &	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or resea	evenue statement and baland arch in furtherance of public	ce sheet works of art, historical service, provide, in Part XIV,
t	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	similar assets for financial ga	in, provide the following
a	Revenues included in Form 990, Part VIII, line	1		<b>&gt;</b> \$
t	Assets included in Form 990, Part X			<u></u>

Schedule <b>D</b> (Form 990) 2009 East	Tennesse	e Cle	an Fuels	Coal	ition	75-307	3054		Page 2
Part III Organizations Mainta								ontınu	
Using the organization's acquisition items (check all that apply)									
a Public exhibition			<b>d</b> Loan	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV		ctions ar	nd explain how	they f	urther the organiza	ation's exempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra							Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forn	<b>ents</b> C 1 990,	complete if on Part X, line	rgan 21.	ızatıon answer	ed 'Yes' to Form 9	90, Pa 	rt IV,	line 
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	or other	r intermediary f	for cor	ntributions or other	assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV an	d comple	ete the followin	g table	e:				
							Amount	t	
c Beginning balance						1 c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a	mount on Forn	n 990, Pa	art X, line 21?				∐ Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement									
Part V   Endowment Funds Co	mplete if or	ganıza	tion answer	<u>ed 'Y</u>	es' to Form 99	0, Part IV, line 10			
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e) l	Four years	s back
1 a Beginning of year balance						,			
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships	[				,				
e Other expenditures for facilities and programs	_								
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	of the year er	nd balan	ce held as			<del></del>			
a Board designated or quasi-endow	/ment ►		8						
<b>b</b> Permanent endowment ▶									
c Term endowment ►									
3a Are there endowment funds not in organization by	n the possessi	on of the	e organization t	hat are	e held and adminis	stered for the	Г	Yes	No
(i) unrelated organizations							3a(i)	-103	110
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	roanizations li	etad se r	required on Sch	ماريام	₽?		3b		
4 Describe in Part XIV the intended	-		•				30		L
Part VI Investments—Land, B						line 10			
Description of investment		(a) Cost	or other basis vestment)	(b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1a Land						200.000000			
<b>b</b> Buildings	ļ	-					<u> </u>		
c Leasehold improvements	ļ								
d Equipment	ŀ		864.			864.			· 0.
= =quipitiont	ŀ		004.	<del>                                     </del>		004.			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )
BAA

Schedule **D** (Form 990) 2009

Schedule <b>D</b> (Form 990) 2009 East Tennessee	<u>Clean Fuels Coalitio</u>	n 75-3073054 Page
Part VII Investments-Other Securities See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	<u> </u>	av
Part VIII Investments—Program Related (Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		oost of ond of your market value
<u> </u>		
Total: (Column to) much equal to min obe; talt x, oci (b) mic to;	•	
Part IX Other Assets (See Form 990, Part	X, line 15)	
(a	Description	(b) Book value
	<del></del>	
<del>-</del>		
T-1-1 (O-1 (h)	to 15)	• I
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X)		
(a) Description of Liability Federal Income Taxes	(b) Amount	
rederal income taxes		
	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 Footnote In Part XIV, provide the text of the fo	otnote to the organization's finance	cial statements that reports the organization's liability
for uncertain tax positions under FIN 48.		

	Edule D (Form 990) 2009 East Tennessee Clean Fuels Coalition	75-307	3054 Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Financi	al Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return	
	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
(	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements Wi		rn
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	'	
	Donated services and use of facilities 23.		
	Prior year adjustments  2b		
	C Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
	Subtract line <b>2e</b> from line <b>1</b>	2e	
_		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	_   5	
Pai	t XIV   Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Alt mation	3 1a and 4, Part IV, lines 1b so complete this part to pro	and 2b, Part V, vide any additional
		. <b></b>	
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TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

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Schedule <b>D</b> (Form 990) 2009	East Tennessee Clean Fuels (	Coalition	75-3073054 Page !
Part XIV Supplemental	East Tennessee Clean Fuels ( Information (continued)		
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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

rding 2009

Department of the Treasury Internal Revenue Service Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

OMB No 1545 0047

Name of the organization						Employer identifica	ation number
East Tennessee Clean Fue	ls Coaliti	ion				75-307305	4
Part I Fundraising Activities. Complete Form 990EZ filers are not requ	lete if the organ	ization ans	swered 'Ye	es' to Form 990, Part IV	, line 17		
1 Indicate whether the organization r		•		wing activities Check al	I that a	ylqc	
Mail solicitations				Solicitation of non-		• =	
Internet and email solicitations	:			Solicitation of gover	-	-	
Phone solicitations	,			Special fundraising		grants	
<b>H</b>				Special fullulaising	events		
In-person solicitations	r oral agreemer	nt with any	, individual	Lunchidina officers dire	octore ti	rustons or kov	
2a Did the organization have written or employees listed in Form 990, Par	t VII) or entity in	n connection	on with pro	ofessional fundraising se	ervices?	usiees or key	☐ Yes ☐ No
<b>b</b> If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti						er is to be
						mount paid to	
(i) Name of individual	(ii) Activity	(ni) Did	fundraiser dy or control	(iv) Gross receipts		retained by)	(vi) Amount paid to
or entity (fundraiser)			ibutions?	from activity	Turiur	aiser listed in col (i)	(or retained by) organization
	<del>                                     </del>		т			55. (7	
		Yes	No				
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Total	······································		<u> </u>				
3 List all states in which the organiza	ation is registere	ed or licen	sed to soli	icit funds or has been no	otified it	is exempt from	registration
or licensing							
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Sche	dule	G (Form 990 or 990-EZ) 2009 East T	ennessee Clean	Fuels Coalitic	n 75-30			age 2
Par	t	Fundraising Events. Complete in reported more than \$15,000 on F	f the organization a Form 990-E7. line	answered 'Yes' to Fo 6a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than	\$5.00	0.
		reported more than \$10,000 on 1	(a) Event #1	<b>(b)</b> Event #2	(c) Other Events NONE	(d) Tota (Add col.	al Even	ts
R			(event type)	(event type)	(total number)		. (C))	
**************************************	1	Gross receipts						
- [	2	Less: Charitable contributions				<del></del>		
	3_	Gross income (line 1 minus line 2)	<u> </u>					
	4	Cash prizes		<u> </u>				
	5	Noncash prizes				ļ. <u></u>		
DIRECT	6	Rent/facility costs						
	7	Food and beverages		ļ				
X P	8	Entertainment						
EXPESSES	9	Other direct expenses						
S	10	Direct expense summary. Add lines 4- ti	hrough 9 in column (d)		•			
	11	Net income summary. Combine lines 3,			<u> </u>			
Par	t III j	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ration answered 'Y a.	es' to Form 990, Pa	rt IV, line 19, or re	ported m	ore th	an
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tota	al gamı	ng
REVEZDE				bingo/progressive bingo		(Add col	(a) thre	ougn _
N U E	_							
		Gross revenue	<del> </del>	<del> </del>		<del> </del>		_
D X	2	Cash prizes		<u> </u>		<u> </u>		
DIRECT	3	Non-cash prizes						
' S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes%	Yes%		_	
	7	Direct expense summary. Add lines 2 thi	rough 5 in column (d)		•	·		
	8	Net gaming income summary Combine	lines 1, column (d) and	l line 7	•			
					<del></del>		YES	NO
		er the state(s) in which the organization op ne organization licensed to operate gaming					.     a	
		lo,' explain						
		e any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during the	tax year?	10	a	
11		e the granusation energies are and the					_	
		is the organization operate gaming activitions the organization a grantor, beneficiary or tri		ember of a partnership or	other entity formed to	11	1_	
BAA		ne organization a grantor, beneficiary or tr ninister charitable gaming?	TEFA3702		Schedule <b>G</b> (Fo	12	<u> </u>	<u> </u>

SCIR	dule G (Form 990 or 990-E2) 2009 East Tennessee Clean Fuels Coalition /5	-30/3054		Page 3
			YE	S NO
	Indicate the percentage of gaming activity operated in:			
	The organization's facility	ક	ĺ	
	An outside facility 13b	<del>8</del>	ł	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords		1
	Name. •			
	Address			
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	_	15a	
ı	olf 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a	imount		
	of gaming revenue retained by the third party \$			
•	If 'Yes,' enter name and address of the third party.			
	Name. •			
	Address: -			
16	Gaming manager information			
	Name: •			
	Gaming manager compensation ► \$			
	Description of services provided.			1
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			1
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		 17a	لــــا
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the		1
	organization's own exempt activities during the tax year 🕨 \$			
BAA	TEEA3703 02/05/10 Schedule	<b>G</b> (Form 990	or 990-E	EZ) 2009

SCHEDULE 1 (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	2009
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	Open to Public Inspection
Name of the organization	Employer	Employer identification number
Rast Tennessee	Fast Tennessee Clean Fiels Coalition	75-3073054
Part   General In	Part   General Information on Grants and Assistance	
1 Does the organizathe selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes No
2 Describe in Part 1	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an	Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	ed 'Yes' to Form
990 Part	990. Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	\$5,000. Use

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  [Part II   Grants and Other Assistance to Governments and Organizations in the United S	s procedures for moniting the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement	oring the use or graints and Organ	e use or grant tunds in the United States. <b>nd Organizations in the United States.</b> Complete if the organization answered 'Yes' to Form	ed States. Complet	te if the organizat	tion answered 'Y	es' to Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ny recipient that r	eceived more the	nan \$5,000. Check t	this box if no one r	ecipient received	more than \$5,00	00. Use
Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addi	itional space is needed	needed				•
1 (a) Name and address of organization or government	( <b>0</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Demko Investment Group, L. 9747 Businesspark Ave. S. San Diego CA 92131	57-1189189		35,071.				Clean Air
Mill V	90-0506020		22,263.				Clean Air
Shorepower Technologies 414 Trenton Road Utica NY 13502	20-1435019		26,778.				Clean Air
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	ganizations			•	 : :	
14	luction Act Notice, see	e the Instructions for	or Form 990.	TEEA3901 02/10/10	02/10/10	Sche	Schedule I (Form 990) 2009

Schedule 1 (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (Form 990) 2009 East Tennessee Clean Fuels Coalition Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The organization uses the same procedures laid out by the EPA for contractors (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt_I_Line_2_ Part III. BAA



### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization	Employer identification number
East Tennessee Clean Fuels Coalition	75-3073054
Pt_VI-A, Line 8a minutes were kept	
Pt VI-A, Line 8b minutes were kept	
Pt_VI-B, Line 10b No comment needed	
Pt VI-B, Line 11A A meeting in person or over phone will review t	he form
Pt_VI-C, Line 19 The policy is available at the office location	
	<b></b>
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<b></b>	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

Tennesseans with regard to petroleum and alternative
fuels' use and 4) be a collaborative partner
to all in theregion to help achieve success in
pursing the first three goals.
Our Accomplishments are numerous, but major ones
include holding regional meetings to foster accurate
information exchange, working on publications
that help disseminate regional alt-fuels information,
partnering with the state on a number of activities
including helping move public stations into the
region and putting on biofuel workshops, and working
with individual fleets and fuel suppliers to get
them becoming regional players in switching away
from petroleum alone as transportation fuels.
We stand as the main organization in East Tennessee
that focuses on this one problem and helps businesses
and individuals of many different types find ways
to change.