** PUBLIC DISCLOSURE COPY **

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B	A	רטו נוופ	e 20 is calendar year, or tax year beginning and e	enaing	_				
Prior Positive	В		AMERICAN COUNCIL FOR AN ENERGY-		D Employer identific	cation number			
Number and street (or P-0. bot if mail is not delivered to steet address) Room/Sulf E Telephone number 202-507-4007]				
Stage 14TH STREET, NW 600 202-507-4007	Ļ	chang			94-2	711707			
City or town, state or province, country, and 2/P or foreign postal code G G Genes receptus G G G G G G G G G		Final return	529 14TH STREET, NW	E Telephone number 202-507-4007					
Figure F		termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,318,355.			
Tax-exempt status:		Ameno return	WASHINGTON, DC 20045		H(a) Is this a group re				
Taxexempted status		Applic			for subordinates	? Yes X No			
J Website: ► WRW. ACEEF. ORG Httgl Group exemption number ►		penair	9 $ $ 529 14 TH STREET, NW SUITE 600 , WASHINGT	ron, d	H(b) Are all subordinates in	ncluded? Yes No			
Form of organization: X Corporation Trust Association Other L Year of formation: 1980 M State of legal domicile: CA Part I Summary				or 527	If "No," attach a	list. (see instructions)			
Part Summary									
Briefly describe the organization's mission or most significant activities: THE OBJECTIVES OF THE COUNCIL ARE TO GATHER, EVALIDATE, AND DISSEMINATE INFORMATION TO STIMULATE 2 Check this box ► Lift the organization discontinued its operations or disposed of more than 25% of its net assets. 3 21 4 Number of voting members of the governing body (Part VI, line 1a) 5 Total number of indupendent voting members of the governing body (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12 5 Total unrelated business revenue from Part VIII, column (C), line 12 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 Total unrelated business revenue (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 1b) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 13-1) 12 Total undraising amounts paid (Part IX, column (A), lines 13-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 13-1) 14 Benefits paid to or for members (Part IX, column (A), lines 11-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 12) 16 Professional fundraising expenses (Part IX, column (A), line 11-2) 17 Other expenses (Part IX, column (A), line 12) 18 Professional fundraising expenses (Part IX, column (A), line 12) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Signature Block 25 Signature of officer 26 Print/Type preparer's name 27 Signature Block 28 Signature of officer 29 Preparer 29 Print/Type preparer's name 20 JONES MARESCA & MCQUADE PA 20 Firm's address J T730 RHODE ISLA				L Year	of formation: 1980 N	1 State of legal domicile: CA			
ARE TO GATHER, EVALUATE, AND DISSEMINATE INFORMATION TO STIMULATE 2 Check this box ▶	P								
B Net unrelated business taxable income from Form 990-T, line 34 To	ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{C}}$	DBJECT	IVES OF THE	COUNCIL			
B Net unrelated business taxable income from Form 990-T, line 34 To	anc								
B Net unrelated business taxable income from Form 990-T, line 34 To	ern	2	Check this box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	1 1				
B Net unrelated business taxable income from Form 990-T, line 34 To	Š								
B Net unrelated business taxable income from Form 990-T, line 34 To	<u>«</u>								
B Net unrelated business taxable income from Form 990-T, line 34 To	es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5				
B Net unrelated business taxable income from Form 990-T, line 34 To	ΞĒ	6	Total number of volunteers (estimate if necessary)		6				
B Net unrelated business taxable income from Form 990-T, line 34 To	dct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a				
8 Contributions and grants (Part VIII, line 1h) 4,867,901. 5,087,816. 9 Program service revenue (Part VIII, line 2g) 3,552,314. 3,326,7866. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 114,378. 114,298. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,326. 1,262. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,551,919. 8,530,162. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,850,005. 4,976,858. 16 Professional fundraising ese (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,153,448. 8,089,123. 19 Revenue less expenses. Subtract line 18 from line 12 398,471. 441,039. 20 Total assets (Part X, line 16) 8,160,732. 8,316,346. 21 Total liabilities (Part X, line 26) 806,435. 648,553. 22 Total liabilities (Part X, line 26) 806,435. 648,553. 23 Part II Signature Block 19 Signature Parer's signature 19 Signatu	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
9 Program service revenue (Part VIII, line 2g) 3									
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	enne	8	Contributions and grants (Part VIII, line 1h)						
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9	Program service revenue (Part VIII, line 2g)						
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .	<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
14 Benefits paid to or for members (Part IX, column (A), line 4) 0		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		8,551,919.	8,530,162.			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,850,005. 4,976,858. 4,976,858. 4,976,858. 4,976,858. 4,976,858. 4,976,858. 6a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 20 Signature of officer 21 Date 22 Preparer 23 JONES MARESCA & MCQUADE PA 24 Firm's address 25 JONES MARESCA & MCQUADE PA 26 Firm's address 27 JONES MARESCA & MCQUADE PA 27 Firm's address 27 JONES MARESCA & MCQUADE PA 28 Firm's address 29 JONES MARESCA & MCQUADE PA 20 Firm's address 20 JONES MARESCA & MCQUADE PA 21 Firm's address 20 JONES MARESCA & MCQUADE PA 21 JONES MARESCA & MCQUADE PA 21 JONES MARESCA & MCQUADE PA 22 JONES MARESCA & MCQUADE PA 23 JONES MARESCA & MCQUADE PA 24 JONES MARESCA & MCQUADE PA 25 JONES MARESCA & MCQUADE PA 26 JONES MARESCA & MCQUADE PA 27 JONES MARESCA & MCQUADE PA 27 JONES MARESCA & MCQUADE PA 2		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		14	Benefits paid to or for members (Part IX, column (A), line 4)		_				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue less expenses. Subtract line 21 from line 20 24 Revenue less expenses. Subtract line 18 from line 20 25 Revenue less expenses. Subtract line 18 from line 12 26 Revenue less expenses. Subtract line 18 from line 12 27 Revenue less expenses. Subtract line 18 from line 12 28 Revenue less expenses. Subtract line 18 from line 12 29 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Rod , 435. 441, 039. 8, 153, 448. 8, 089, 123. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 9	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,850,005.	4,976,858.			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue less expenses. Subtract line 21 from line 20 24 Revenue less expenses. Subtract line 18 from line 20 25 Revenue less expenses. Subtract line 18 from line 12 26 Revenue less expenses. Subtract line 18 from line 12 27 Revenue less expenses. Subtract line 18 from line 12 28 Revenue less expenses. Subtract line 18 from line 12 29 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Rod , 435. 441, 039. 8, 153, 448. 8, 089, 123. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 9	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue less expenses. Subtract line 21 from line 20 24 Revenue less expenses. Subtract line 18 from line 20 25 Revenue less expenses. Subtract line 18 from line 12 26 Revenue less expenses. Subtract line 18 from line 12 27 Revenue less expenses. Subtract line 18 from line 12 28 Revenue less expenses. Subtract line 18 from line 12 29 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Rod , 435. 441, 039. 8, 153, 448. 8, 089, 123. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 8, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 8, 316, 346. 9, 160, 732. 9	ğ	b	Total fundraising expenses (Part IX, column (D), line 25) > 201,14	13. 🦳					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8 , 153 , 448	Ш				3,303,443.				
19 Revenue less expenses. Subtract line 18 from line 12 398,471. 441,039.					8,153,448.	8,089,123.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name Firm's name Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306		19			398,471.	441,039.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name Firm's name Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306	Or Ses	3	·		ginning of Current Year	End of Year			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name Firm's name Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306	sets	20	Total assets (Part X, line 16)		8,160,732.	8,316,346.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name Firm's name Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306	ASS	21			806,435.	648,553.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name Firm's name Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306	<u>===</u>	22	Net assets or fund balances. Subtract line 21 from line 20		7,354,297.	7,667,793.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES MARESCA & MCQUADE PA Firm's name Firm's address Firm's address Firm's address T730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Phone no. 202-296-3306			Signature Block						
Sign Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name Firm's name Use Only Date Date	Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name Firm's name DAVID JONES Firm's name Firm's name DAVID JONES Firm's name DAVID JONES Firm's name Firm's name DAVID JONES Phone no. 202-296-3306	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
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Here STEVEN M. NADEL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Preparer Washington, DC 20036	Sig	n	Signature of officer		Date				
Print/Type preparer's name DAVID JONES Preparer Use Only Print/Type preparer's name DAVID JONES Preparer Firm's name JONES MARESCA & MCQUADE PA Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 WASHINGTON, DC 20036 Proparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name			■ STEVEN M. NADEL, EXECUTIVE DIRECTOR						
Paid DAVID JONES Firm's name JONES MARESCA & MCQUADE PA									
Paid DAVID JONES 51 52 1361002 52 52 1853933 53 54 54 54 54 54 54			Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Preparer Use Only Firm's address	Pai	d			if self-employ	ed №01361002			
Use Only Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800 Phone no. 202-296-3306	Pre	parer	Firm's name JONES MARESCA & MCQUADE PA						
WASHINGTON, DC 20036 Phone no. 202 - 296 - 3306	Use	Only		JITE 8					
		•				2-296-3306			
	Ma	y the If				X Yes No			

EFFICIENT ECONOMY

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE OBJECTIVES OF THE COUNCIL ARE TO GATHER, EVALUATE, AND DISSEMINATE
	INFORMATION TO STIMULATE GREATER EFFICIENCY OF ENERGY USE. THE
	COUNCIL PRODUCES PUBLICATIONS ON ENERGY EFFICIENCY FROM RESEARCH
	PERFORMED, AND ORGANIZES CONFERENCES FOR PROFESSIONALS IN THIS FIELD.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,814,502. including grants of \$) (Revenue \$1,229,232.)
	RESEARCH PROGRAMS - TO IMPROVE ENERGY EFFICIENCY THROUGH LOWERING
	ENERGY COSTS, IMPROVING ECONOMIC PRODUCTIVITY, AND DECREASING
	ENVIRONMENTAL POLLUTION.
4b	(Code:) (Expenses \$ 1,957,021. including grants of \$) (Revenue \$ 2,097,554.)
	CONFERENCES - DISSEMINATE INFORMATION TO STIMULATE THE EFFICIENCY OF
	ENERGY USE IN THE ECONOMY.
4c	(Code:) (Expenses \$ 71,043 • including grants of \$) (Revenue \$)
-10	LOBBYING - CONGRESS ON BEHALF OF APPLIANCE ENERGY EFFICIENCY STANDARDS,
	FEDERAL APPROPRIATIONS FOR ENERGY EFFICIENCY RESEARCH AND DEVELOPMENT,
	AND NEW FEDERAL PROGRAMS TO PROMOTE ENERGY EFFICIENCY.
	THE NEW LEGISLE INCOMETE TO INCHOLL ENGINEE
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 547 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,843,113.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
	complete Schedule G, Part III	19	ليييا	Λ

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			\ ₃₂
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 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, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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 11b and 19?]	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
						Yes	No
1a	Enter t	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
b	Enter t	the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gamb	ling) winnings to prize winners?		·····	1c	Х	
2a	Enter t	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed fo	or the calendar year ending with or within the year covered by this return	2a	70			
b	If at lea	ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes	," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financi	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes	e," enter the name of the foreign country:					
	See in:	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5а	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action'	?	5b		X
С	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does t	he organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any co	ontributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were n	ot tax deductible?			6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			l
		Form 8282?		 I	7c		X
		s," indicate the number of Forms 8282 filed during the year					
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g		organization received a contribution of qualified intellectual property, did the organization file F			7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8		coring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
		oring organization have excess business holdings at any time during the year?			8		
9	•	coring organizations maintaining donor advised funds.					
		e sponsoring organization make any taxable distributions under section 4966?			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
		on 501(c)(7) organizations. Enter:	۱.,	I			
		on fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
		on 501(c)(12) organizations. Enter:	۔ دد ا	i			
		income from members or shareholders	11a				
D		income from other sources (Do not net amounts due or paid to other sources against	146				
120		nts due or received from them.) on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	12a		
			12b	Í	IZa		
		enter the amount of tax-exempt interest received or accrued during the year	_ 1ZD	<u> </u>			
		organization licensed to issue qualified health plans in more than one state?			13a		
а		See the instructions for additional information the organization must report on Schedule O.			ioa		
h		the amount of reserves the organization is required to maintain by the states in which the					
		zation is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
				<u> </u>	14a		Х
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

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.

	Check if Schedule O contains a response or note to any line in this Part VI										
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21										
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		Х							
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5											
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b											
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
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		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	and the second s										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, 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		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	THE ORGANIZATION - 202-507-4000										
	529 14TH STREET, NW NO. 600, WASHINGTON, DC 20045										

Form 990 (2015)

EFFICIENT ECONOMY

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

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

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

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

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

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

(A) Name and Title	(B) Average	(do		(C	ition) than	000	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CARL BLUMSTEIN	2.00								_	
CHAIRMAN		Х		Х				0.	0.	0.
(2) CLAY NESLER	2.00									
DIRECTOR		Х						0.	0.	0.
(3) DAN REICHER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) DENISE FAIRCHILD	2.00									
DIRECTOR		Х						0.	0.	0.
(5) FRANCIS J. MURRAY, JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(6) GENE E. RODRIGUES	2.00	l								
DIRECTOR		Х						0.	0.	0.
(7) JANICE BERMAN	2.00	l								
DIRECTOR		Х						0.	0.	0.
(8) KATHRIN WINKLER	2.00	l								
DIRECTOR	0.00	Х						0.	0.	0.
(9) MAXINE SAVITZ	2.00								0	•
DIRECTOR	2 00	Х						0.	0.	0.
(10) MICHAEL SACHSE	2.00								0	•
DIRECTOR	0.00	Х						0.	0.	0.
(11) PENELOPE MCLEAN-CONNOR	2.00								0	•
DIRECTOR	2 00	Х						0.	0.	0.
(12) PETER R. SMITH	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) ROBERT M. BALZAR	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(14) SCOTT BERNSTEIN	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) STEPHEN WIEL	2.00	٦,							_	_
DIRECTOR (16) CERTIFIC MODGAN	2 00	Х					\vdash	0.	0.	0.
(16) STEVE MORGAN	2.00	Х						0.	0.	^
DIRECTOR (17) SUSAN E. STRATTON	2.00	^	_		<u> </u>	\vdash	\vdash	0.	0.	0.
	4.00	Х						0.	0.	0.
DIRECTOR 532007 12-16-15		Δ			<u> </u>	<u> </u>		<u> </u>	0.	Form 990 (2015)

532007 12-16-15

Form 990 (2015) EFF I C L E I	NT ECONO	MY							94-2/11	. / U /	Pi	age ک
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	yees	, an	d Hi	ighe	st C	ompensated Employee	es (continued)			
(A)	(B)								(E)		(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Es	stimate	èd
	hours per	box	k, unle	ss pe	erson	is bot	th an	compensation	compensation	1	nount	of
	week	H-	icei ai	10 a 0	in ect) / u us	100)	from	from related	1	other	
	(list any hours for	or director						the	organizations (W-2/1099-MISC)	1	pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-181130)	1	om the anizat	
	organizations	trustee	ll trus		ee	mpen		(** 2/ 1033 141100)		_ ~	d relat	
	below	dualt	nstitutional trustee		Key employee	est co	e e			1	anizati	
	line)	Individual	Instit	Officer	Key e	Highest compensated employee	Former					
(18) ALISON SILVERSTEIN	2.00											
PRESIDENT		X		Х				0.	0.			0
(19) PETER MOLINARO	2.00											
SECRETARY		Х		Х				0.	0.			0
(20) TIMOTHY M. STOUT	2.00											
TREASURER		Х		Х				0.	0.			0
(21) JUD VIRDEN	2.00	↓							•			•
DIRECTOR	1000	Х						0.	0.			0
(22) NAOMI BAUM	40.00	1						100 220	0		^ F	
CHIEF OPERATING OFFICER	40.00			Х				180,332.	0.		9,7	53
(23) STEVEN M NADEL	40.00	4		7.				205 520	0.	٦	0 1	0.2
EXECUTIVE DIRECTOR	40.00	_	_	Х	<u> </u>	_		205,538.	0.		8,2	93
(24) THOMAS COX	40.00	-				x		122 517	0.	٦	3,9	2 0
FINANCE DIRECTOR (25) GLEE MURRAY	40.00	-	-		\vdash	┢		132,517.	0.		3,9	30
SENIOR DIRECTOR - OUTREACH	40.00	-				x		133,030.	0.	1	8,5	٥٤
(26) SUZANNE WATSON	40.00	_	\vdash		\vdash	<u> </u>		155,050.	· ·		0,5	90
POLICY DIRECTOR	40.00	1				X		129,613.	0.	1	8,8	4 ∩
				<u> </u>				781,030.	0.		$\frac{3,3}{9,4}$	
1b Sub-total c Total from continuation sheets to Part								265,370.	0.		$\frac{0,1}{0,0}$	
d Total (add lines 1b and 1c)								1,046,400.	0.		$\frac{3,3}{9,4}$	
Total (add lines is and ic) Total number of individuals (including but							ho re				- , -	
compensation from the organization	THOS IIITIICO SO SI	1030	, iiott	ou a	DOV	C) W	110 10	socived more than \$100	,000 of reportable			1:
compensation from the organization											Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e. ke	ev er	olam	vee	. or h	nighest compensated er	mplovee on			
line 1a? If "Yes," complete Schedule J fo				-	-	-		-	•	3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1	-		-					•		4	Х	
5 Did any person listed on line 1a receive of	r accrue compe	nsat	tion 1	from	any	/ uni	relate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," co	mplete Schedu	le J 1	for s	uch	<u>pers</u>	son	<u></u> .	·		5		Х
Section B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: Report compensation for the ealerdar year chaing with or with	in the organization 3 tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
HARRY MISURIELLO		
	CONSULTING SERVICES	100,590.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 EFFICIEN	r econor	ΙΥ							94-271	1707	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(F)		
Name and title	Average				ition	1		Reportable	(E) Reportable	Estimated	
	hours	(cl				арр	ly)	compensation	compensation	amount of	
	per	Ť				Γ.	Ť.	from	from related	other	
	week					yee		the	organizations	compensation	
	(list any	ector				ed m		organization	(W-2/1099-MISC)	from the	
	hours for	or din	a)			ited e		(W-2/1099-MISC)		organization	
	related	ste e	ruste			suac				and related	
	organizations	lal tru	onal t		oloye	Com				organizations	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
	line)	프	Ë	Б	ş	Ξ̈́	요				
(27) MARTIN KUSHLER	40.00										
SENIOR FELLOW						Х		126,026.	0.	6,818.	
(28) R. NEAL ELLIOTT	40.00										
SENIOR DIRECTOR - RESEARCH						Х		139,344.	0.	23,251.	
		1									
-											
		1									
		ł									
	+		\vdash	\vdash		\vdash					
		-									
	+		-	\vdash		\vdash					
		-									
	L										
Total to Part VII, Section A, line 1c								265,370.		30,069.	

For **P**a

rm 990 (2015) EFFICIENT ECONOMY	
art VIII Statement of Revenue	

		Check if Schedule O cont	ains a response	or note to anv lir	ne in this Part VIII			
			•	j	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts ts	1 a	Federated campaigns	1a					
ara oun		Membership dues						
S, G		Fundraising events						
a it		Related organizations			1			
s, C		Government grants (contribut			1			
isi		All other contributions, gifts, gran	· -		1			
the		similar amounts not included above		087,816.				
들의	g	Noncash contributions included in lines	·····					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			5,087,816.			
				Business Code				
æ	2 a	CONFERENCE REVE	NUE	900099	2,097,554.	2,097,554.	0.	
ا ۵ خ	b	CONTRACTS		900099	703,732.	703,732.	0.	
S	С	MEMBERSHIP DUES	5	900099	525,500.	525,500.	0.	
eve	d	1						
Program Service Revenue	е							
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	3,326,786.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	102,491.			102,491.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties	· <u>·····</u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	800,000.					
	b	Less: cost or other basis	700 100					
		and sales expenses	/88,193.		_			
	С	Gain or (loss)	11,00/.		11 007			11 007
		Net gain or (loss)		············ >	11,807.			11,807.
ne	8 a	Gross income from fundraising	-					
l en		including \$	of					
Other Reven		contributions reported on line	,					
her		Part IV, line 18			-			
₽		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ad		>				
	9 a	Part IV, line 19						
	h	Less: direct expenses			_			
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
İ	11 a	MISCELLANEOUS I		900099	1,262.			1,262.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			1,262.			
	12	Total revenue. See instructions.		>	8,530,162.	3,326,786.	0.	115,560.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 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 domestic organizations		•	Ŭ I	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	423,916.	322,177.	93,262.	8,477
6	trustees, and key employees	423,910.	322,177.	93,202.	0,411
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	3,247,842.	2,488,843.	696,700.	62,299
8	Pension plan accruals and contributions (include	J 1 = 1 U = 1	2,100,010	0,700	V4,477
0	section 401(k) and 403(b) employer contributions)	173,012.	131,490.	38,062.	3,460
9	Other employee benefits	838,715.	641,028.	181,452.	16,235
10	Payroll taxes	293,373.	222,963.	64,542.	5,868
11	Fees for services (non-employees):			0 = 7 0 = = 1	
	Management				
	Legal	5,317.	957.	4,360.	
	Accounting	34,554.		34,554.	
	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	812,489.	706,595.	94,331.	11,563
12	Advertising and promotion				
13	Office expenses	326,712.	165,979.	155,704.	5,029
14	Information technology				
15	Royalties				
16	Occupancy	586,580.	446,241.	129,163.	11,176
17	Travel	266,416.	231,719.	19,452.	15,245
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	865,163.	855,256.	5,626.	4,281
20	Interest				
21	Payments to affiliates			10.010	
22	Depreciation, depletion, and amortization	104,245.	89,646.	12,319.	2,280
23	Insurance	26,369.		26,369.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	21,080.		21,080.	
a b	STAFF DEVELOPMENT	19,156.	1,250.	17,906.	
C	MEALS AND ENTERTAINMENT	18,925.	1,877.	8,801.	8,247
d	MISCELLANEOUS	12,453.	=, =	4,087.	8,366
e	All other expenses	12,806.	1,537,092.	-1,562,903.	38,617
25	Total functional expenses. Add lines 1 through 24e	8,089,123.	7,843,113.	44,867.	201,143
<u>26</u>	Joint costs. Complete this line only if the organization	,, ,	, -,	,	. , = = 0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	114,645.	1	584,344
2	Savings and temporary cash investments	1,582,104.	2	763,978
3	Pledges and grants receivable, net	515,060.	3	596,992
4	Accounts receivable, net	87,329.	4	109,536
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	97,444.	9	40,840
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 617, 403.			
b		338,530.	10c	309,071
11	Investments - publicly traded securities	5,387,866.	11	5,873,831
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	37,754.	15	37,754
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,160,732.	16	8,316,346
17	Accounts payable and accrued expenses	299,682.	17	205,015
18	Grants payable		18	
19	Deferred revenue	111,000.	19	100,805
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other 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		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	205 752		240 722
	Schedule D	395,753.	_	342,733
26	Total liabilities. Add lines 17 through 25	806,435.	26	648,553
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ß	complete lines 27 through 29, and lines 33 and 34.	1 060 620		4 205 202
27 28 29 29	Unrestricted net assets	4,060,638. 3,293,659.	27	4,205,202
28	Temporarily restricted net assets	3,493,039.	28	3,462,591
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds	7 25/ 207	32	7 667 702
33	Total net assets or fund balances	7,354,297.	33	7,667,793
34	Total liabilities and net assets/fund balances	8,160,732.	34	8,316,346

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,08		
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,35	4,2	97.
5	Net unrealized gains (losses) on investments	5	-12	7,5	43.
6	Donated services and use of facilities	6			
7	Investment expenses	7			-
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,66	7,7	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY Employer identification number 94-2711707

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
7		city, and state:									
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in			
5		An organization operated for		mege of university owner	u or opera	led by a go	overninental unit descrit	Jeu III			
_		section 170(b)(1)(A)(iv). (C	•				, ,				
6		A federal, state, or local go	-				•				
7	X	An organization that norma	•	antial part of its support	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	• •								
8	Н	A community trust describe									
9		An organization that norma	•	•	•						
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	•								
10	Н	An organization organized a	•	•	•						
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported or	~					Check the box in			
		lines 11a through 11d that				•					
а		☐ Type I. A supporting orga	•	•							
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting			
		organization. You must o	-								
b			· ·					•			
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported			
		organization(s). You mus	=								
С							· ·	ed with,			
		its supported organizatio									
d		☐ Type III non-functionally									
		that is not functionally int	-		•			iveness			
		requirement (see instruct	•	-							
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,							
t		er the number of supported of									
g		vide the following information		 	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see			
		- · J · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)			
					Yes	No	•	·			
Гotа	ı										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio			•
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	•			
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(4, 23))	(0) = 0 : =	(0) 20 10	(4,) = 3 · ·	(0, 20.0	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	5294933.	4224237.	4657741.	4867901.	5087816.	24132628.
2	Tax revenues levied for the organ-						
	ization'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		400400=		10.5=0.01		
4	Total. Add lines 1 through 3	5294933.	4224237.	4657741.	4867901.	5087816.	24132628.
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,						11793040.
6	column (f)						12339588.
	Public support. Subtract line 5 from line 4.						12333300.
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	5294933.	4224237.	4657741.	4867901.	5087816.	24132628.
	Gross income from interest,	32313331	1221237	100//110	20073020	300,0200	
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		2,668.	81,439.	114,378.	114,928.	313,413.
9	Net income from unrelated business			-	-		
	activities, whether or not the						
	business is regularly carried on		83,307.				83,307.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,511.		14,163.	17,326.	1,262.	
	Total support. Add lines 7 through 10						24569610.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12 12	,840,840.
13	First five years. If the Form 990 is fo	J	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
<u> </u>	organization, check this box and stop	here	roontoss				>
	ction C. Computation of Publ					1 1	E0 00
	Public support percentage for 2015 (14	50.22 % 59.88 %
	Public support percentage from 2014						, -
16a	33 1/3% support test - 2015. If the	-					
	stop here. The organization qualifies						
C	33 1/3% support test - 2014. If the c						
17-	and stop here. The organization qual 10% -facts-and-circumstances tes						
1/6	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes						
•	more, and if the organization meets the						

Schedule A (Form 990 or 990-EZ) 2015

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Celeratory service (reflexal year tegining in) by Gifts, grants, contributions, and membership fees received. (Din not include any "unusual grants.") (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total membership fees received. (Din not include any "unusual grants.") (a) 2016 (d) 2016 (d) 2016 (e) 2017 (d) 2017 (e) 2018 (d) 2014 (e) 2015 (f) Total new production of the contributions and the contributions are contributions. (Contributions and the contributions are contributions. (Contributions and the contributions are contributions.) (d) 2016 (d) 2014 (e) 2015 (f) Total are not an unrelated trade or business under section 513 (d) 2014 (e) 2015 (d) 2014 (e) 2015 (f) Total or expanded on its behalf. 1 Tax revenues level for the cognitive for the cognitive forms and the contributions are contributed on the contributions are contributed and intensity of the cognitive forms and the contributions are contributed and intensity. (e) 2016 (e) 2016 (e) 2016 (e) 2017	Se	ction A. Public Support	elow, please con	piete Fart II.)				
I Giffs, grants, contributions, and membership feer received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from admissions, membership from admissions, membership is trave-empt purpose 3 Gross receipts from admissions, membership and any activity that is related to the organization's trave-empt purpose 3 Gross receipts from admissions and activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization of the bland of the paid to or expanded on its behalf 5 The value of services or facilities from the two programs of the services of the paid to or expanded on its behalf 5 The value of services or facilities from the two programs of the services of the paid to or expanded on disqualified persons between the paid to organization without charge of Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons between the paid to organization or lines 1, 2, and 3 received from disqualified persons between the paid to organize the services are persons or \$1.00 to the services of \$1,000 or 1% of the accusation to the 1% two years or Add lines 7 and 7 b. 8 Public support, loopet text \$2,000 or 1% of the accusation of the 1% two years or Add lines 7 and 7 b. 9 Amounts from line 6 10 All organized persons from interest, dividends, payments received on similar systems, and the services of the paid to the services of the services of the paid to the services of the paid to the services of			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
membership fees received. (Do not include any "unusual grants"). 2 Gross receipts from admissions, membrandies sold or services performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization is traveled to or expended on its behalf or oxypended on its behalf or oxypended on its behalf or the organization without charge for the organization without charge for the organization without charge for Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounted to lines 2 and 3 received from disqualified persons be amounted by a received persons because the state of lines 2 and 3 received from the state of lines 2 and 3 received from the state of lines 2 and 3 received from similar sources because the state of lines 2 and 3 received from similar sources because the state of lines 2 and 3 received from similar sources because and income from similar sources because and		· ` ` ` · · · · · · · · · · · · · · · ·	,		, ,			.,
include any "unusual grants."] 2 Gross receipts from admissions, merchandise soid or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 5 The value of services or facilities furnished by a governmental unit to 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's theorem without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 reasilized my a governmental unit to the organization without charge 6 A Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 reasilized my a mount of the organization of the second to greated on fise 2 and 3 services for greated from the standard from the services of services for greated from the standard from the services of services of services for greated from fise 2 and 3 services from fise 2 and 4 f		, ,						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended or expended or expended or exp		in alcola and the medical analysis IIV						
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)			<u> </u>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	N ₂
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	structions		·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

532025 09-23-15

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)						
Secti	on D -	Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes									
2	Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purposes of supported organizations									
4	Amou	nts paid to acquire exempt-use assets								
5	Qualif	ied set-aside amounts (prior IRS approval required)								
6	Other	distributions (describe in Part VI). See instructions.								
7	Total	annual distributions. Add lines 1 through 6.								
8		outions to attentive supported organizations to which the	ne organization is responsive	e						
		de details in Part VI). See instructions.	3							
9	\ <u>'</u>	outable amount for 2015 from Section C, line 6								
		amount divided by Line 9 amount								
	2.110 0	amount arriada by Emo o arribant	(i)	(ii)	(iii)					
			Excess Distributions	Underdistributions	Distributable					
3ecti	on E -	Distribution Allocations (see instructions)	ZAGGGG BIGHIBUHGIIG	Pre-2015	Amount for 2015					
1	Distrib	outable amount for 2015 from Section C, line 6								
		distributions, if any, for years prior to 2015								
_		nable cause required-see instructions)								
3	•	s distributions carryover, if any, to 2015:								
a	LACES	s distributions carryover, if arry, to 2010.								
b										
	From	2012								
	From									
		of lines 3a through e								
		ed to underdistributions of prior years								
		ed to 2015 distributable amount								
<u>i</u> :		over from 2010 not applied (see instructions)								
<u></u>		inder. Subtract lines 3g, 3h, and 3i from 3f.								
4		outions for 2015 from Section D,								
	line 7:									
		ed to underdistributions of prior years								
		ed to 2015 distributable amount								
		inder. Subtract lines 4a and 4b from 4.								
5		ining underdistributions for years prior to 2015, if								
		subtract lines 3g and 4a from line 2 (if amount								
		er than zero, see instructions).								
6		ining underdistributions for 2015. Subtract lines 3h								
		b from line 1 (if amount greater than zero, see								
		ctions).								
7		s distributions carryover to 2016. Add lines 3j								
	and 4									
8	Break	down of line 7:								
<u>a</u>										
b										
		s from 2013								
		s from 2014								
е	Exces	s from 2015								

Schedule A (Form 990 or 990-EZ) 2015

	Part IV, See line 1; Part	ction A, li IV, Section lines 5, 6	nes 1, 2 on D, lir	2, 3b, 3c, 4 nes 2 and 3	b, 4c, 5a ; Part IV	a, 6, 9a, 9b, 9 ⁄, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11 2b, 3a a	c; Part IV, Sond 3b; Part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, tor any additional information.
SCHE	DULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
MISCI	ELLANEOU	S INC	COME							
2011	AMOUNT:	\$	7,5	11.						
2013	AMOUNT:	\$	14,	163.						
2014	AMOUNT:	\$	17,	326.						
2015	AMOUNT:	\$	1,2	62.						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY Employer identification number

94-2711707

Organization type (check one):								
Filers of: Section:								
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	O-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check if	your organization is	covered by the General Rule or a Special Rule .						
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
	· ·	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN COUNCIL FOR AN ENERGYEFFICIENT ECONOMY

Employer identification number

94-2711707

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,257,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 275,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 1,120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AMERICAN COUNCIL FOR AN ENERGYEFFICIENT ECONOMY

Employer identification number

94 - 2711707

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - ¢	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
		- ı · 	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY 94-2711707 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of organization AMERICA EFFICIE	N COUNCIL FOR AN NT ECONOMY			loyer identification number $94-2711707$
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			▶ 9	
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)(3).	
2 3 4a b	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the organization	incurred by the organization und incurred by organization manage on 4955 tax, did it file Form 4720	er section 4955 ers under section 4955 for this year?	> 9	Yes No
	·	•	• • • •		` ' ' '
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er	s. Add lines 1 and 2. Enter here a	ner organizations for se nd on Form 1120-POL,	ction 527 ▶ §	Yes No
	made payments. For each organization contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to a	a separate political orga	nization, such as a separ	•
	(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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the org section 501(h)).	ganization is exer	npt under section	n 501(c)(3) and fil	led Form 5768 (e	lection under		
	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's nam	e. address. EIN.		
0 0	expenses, and share of excess lobbying expenditures).						
. —	ition checked box A an	• ′	visions apply.				
Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public opinion (g	grass roots lobbying)					
b Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		71,043.			
c Total lobbying expenditures (add I	ines 1a and 1b)			71,043.			
d Other exempt purpose expenditur				7,816,937.			
e Total exempt purpose expenditure	es (add lines 1c and 1d)		7,887,980.			
f Lobbying nontaxable amount. Ent	er the amount from the	following table in bot	h columns.	544,399.			
If the amount on line 1e, column (a) o	or (b) is: The lobb	oying nontaxable am	ount is:				
Not over \$500,000 20% of the amount on line 1e.							
Over \$500,000 but not over \$1,00	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5							
Over \$1,500,000 but not over \$17							
Over \$17,000,000							
				126 100			
g Grassroots nontaxable amount (er	,			136,100.			
h Subtract line 1g from line 1a. If zer	, , , , , , , , , , , , , , , , , , , ,			0.			
i Subtract line 1f from line 1c. If zero				0.			
j If there is an amount other than ze		,		Г	¬., ¬.,		
reporting section 4911 tax for this				L	Yes No		
(Some organizations t	hat made a section 50 See the separa	te instructions for lir	have to complete all nes 2a through 2f.)	of the five columns b	elow.		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period	1			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount	508,074.	509,698.	548,549.	544,399.	2,110,720.		
b Lobbying ceiling amount (150% of line 2a, column(e))					3,166,080.		
c Total lobbying expenditures	69,811.	79,039.	62,605.	71,043.	282,498.		
d Grassroots nontaxable amount	127,019.	127,425.	137,137.	136,100.	527,681.		
e Grassroots ceiling amount (150% of line 2d, column (e))					791,522.		

Schedule C (Form 990 or 990-EZ) 2015

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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)).

	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the	lobbying activity.	Yes	No	Amo	ount
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:				
a	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	33 1(3)(3).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
1	answered "Yes." Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		١.		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
_	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
4	in notices were sent and the amount of line 20 exceeds the amount of line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year?	olitical	4		
5	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	olitical			
5 Part	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Topic livious supplemental information	olitical	4 5		
5 Part Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Topic livious supplemental information	olitical	4 5	and 2 (see	
5 Part Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Part	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	
5 Parl Provid	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	olitical	4 5	and 2 (see	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY

Employer identification number 94-2711707

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
	land a mark a library in the land of the		
Pa	<u> </u>		
1	Purpose(s) of conservation easements held by the organizati	·	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year▶	, , ,	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatment		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		▶ \$

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

Schedule D (Form 990) 2015

Pai	rt III ∣ Organizations Maintaining C	Collections of A	rt, Historical T	reasures, c	or Other	Similar Ass	e ts (continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that	t are a sigr	nificant use of its	collection items
	(check all that apply):						
а	Public exhibition	d	I <u>□</u> Loan or e	kchange progra	ıms		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they furthe	the organization	on's exemp	ot purpose in Pa	rt XIII.
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets						
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?			Yes No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	ion answered "	Yes" on Fo	orm 990, Part IV	, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributi	ons or other as	sets not in	cluded	
	on Form 990, Part X?					L	_ Yes
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on F		•		•	?∟	⊥ Yes
_	If "Yes," explain the arrangement in Part XIII.						<u></u>
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on				
		(a) Current year	(b) Prior year	(c) Two year	s back (d)) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho	•					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organization			₹?			3b
4	Describe in Part XIII the intended uses of the		owment funds.				
Pai	t VI Land, Buildings, and Equipm				5	4.0	
	Complete if the organization answere	1	· ·	1		1	
	Description of property	(a) Cost or o		st or other		umulated	(d) Book value
		basis (investr	nent) Das	s (other)	aepre	eciation	
	Land						
	Buildings		<u> </u>	11 724		10 710	100 004
	Leasehold improvements			41,734.		19,710.	192,024
	Equipment			75,669.		8,622.	117,047
	Other		<u> </u>	10.1			200 071
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal ⊦orm 990, Part	x, column (B), line	? 10c.)		🕨 📗	309,071

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 EFFICIENT EC	CONOMY	ENERG1	94-2711707 Page
Part VII Investments - Other Securities.			I I I I I I I I I I I I I I I I I I I
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11b. See Form 990. Part X. line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	on Form 000 Port IV lir	on 110 Son Form 000 Bort V line 1	2
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
	(b) Book value	(e) Method of Valuation: eee	e or one or your marker value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 David IV I iii	and 11 d. Con Farmer 2000. Doub V. line 1	F
Complete if the organization answered "Yes" (a) [Description	ie 11d. See Form 990, Part X, line 1	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir		, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		240 532	
(2) DEFERRED RENT		342,733.	
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

(8)

342,733.

4c

8,089,123.

Sche	edule D (Form 990) 2015 EFFICIENT ECONOMY			94-	Z/II/U/ Page
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per F	Return	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,402,619
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-127,543.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-127,543
3	Subtract line 2e from line 1			3	8,530,162
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				8,530,162
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	8,089,123
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	8,089,123
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			

Part XIII Supplemental Information.

c Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)

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

PART X, LINE 2:

AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AS REQUIRED BY TOPIC 740 OF THE FASB ASC. AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS (2012-2014), OR EXPECTED TO BE TAKEN IN ITS 2015 TAX RETURN. AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.

AMERICAN COUNCIL FOR AN ENERGY-

Schedule D (Form 990) 2015	EFFICIENT ECONOMY	94-2711707 Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	rmation (continued)	
Supplemental illion	iniaadii (conunucu)	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY

Employer identification number 94-2711707

Pá	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the constitution of the desire of the constitution of the c			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:	40		Х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	The storage of lines 4a c, list the persons and provide the applicable amounts for each item in 1 art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
			Compensation	Compensation				
(1) NAOMI BAUM	(i)	180,332.	0.	0.	9,094.	659.	190,085.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN M NADEL	(i)	205,538.	0.	0.	10,663.	17,630.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS COX	(i)	132,517.	0.	0.	6,877.	17,053.		0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GLEE MURRAY	(i)	133,030.	0.	0.	6,672.	11,924.		0.
SENIOR DIRECTOR - OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) R. NEAL ELLIOTT	(i)	139,344.	0.	0.	7,487.	15,764.		0.
SENIOR DIRECTOR - RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

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

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY

Employer identification number 94-2711707

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

GREATER EFFICIENCY OF ENERGY USE. THE COUNCIL PRODUCES PUBLICATIONS ON ENERGY EFFICIENCY FROM RESEARCH PERFORMED, AND ORGANIZES CONFERENCES FOR PROFESSIONALS IN THIS FIELD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLICATIONS - PUBLICATION PROGRAM DISSEMINATES DATA AND INFORMATION TO HIGHLIGHT ECONOMIC BENEFITS OF ENERGY-EFFICIENCY.

EXPENSES \$ 547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE CHIEF OPERATING OFFICER, THE DIRECTOR OF FINANCE, THEN CIRCULATED TO THE BOARD PRIOR TO FILING.

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

MANAGEMENT DISTRIBUTES THE CONFLICT OF INTEREST POLICY IN THE EMPLOYEE HANDBOOK TO ALL NEW EMPLOYEES UPON HIRE. THE HUMAN RESOURCES DEPARTMENT REITERATES THIS POLICY AT APPROPRIATE TIMES THROUGHOUT THE YEAR, EITHER IN STAFF MEETINGS OR IN ONE-ON-ONE INTERACTIONS. ALL EMPLOYEES ARE SUBJECT TO THIS POLICY. IF IT IS DETERMINED THAT A MATERIAL CONFLICT EXISTS, EMPLOYEE MUST RECUSE HIMSELF FROM THE MATTER.

DURING BOARD MEETINGS THE CHIEF OPERATING OFFICER WILL DRAW ATTENTION TO AND REMIND THE BOARD ABOUT THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ESTABLISHES AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization AMERICAN COUNCIL FOR AN ENERGY- EFFICIENT ECONOMY	Employer identification number 94-2711707			
APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND T	HE C.O.O. AS WELL			
AS REVIEWS AND APPROVES THEIR RECOMMENDATION ON STAFF SAL	ARIES.			
COMPARABILITY DATA IS USED TO HELP DETERMINE PAY.				
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OF	FICERS			
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVI	EWS AND RECOMMENDS			
FOR BOARD APPROVAL THE COMPENSATION OF THE EXECUTIVE DIRE	CTOR AND CHIEF			
OPERATING OFFICER, AS WELL AS REVIEWS AND APPROVES THE EX	ECUTIVE DIRECTOR'S			
RECOMMENDATION REGARDING STAFF SALARIES.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST				
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
CONSULTANTS:				
PROGRAM SERVICE EXPENSES	706,595.			
MANAGEMENT AND GENERAL EXPENSES	94,331.			
FUNDRAISING EXPENSES	11,563.			
TOTAL EXPENSES	812,489.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	812,489.			
FORM 990, PART XII, LINE 2C:				
DURING THE TAX YEAR, AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY				
DID NOT CHANGE ITS PROCESSES FOR OVERSIGHT OF THE AUDIT AND SELECTION				
OF INDEPENDENT ACCOUNTANT.				