Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Ā	For the	2017 calend	ar year, or tax year beginning January 1 , 2017, a	nd ending	Dece	mber 31	, 20 17			
В	Check if ap	oplicable:	C Name of organization		D Employ		ion number 🌃			
	Address c	hange	Americans for a Clean Energy Grid			8217658	54			
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number				
1	Initial retur		3100 Clarendon Blvd.	800		703-717-5	592			
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption				
H	Amended Applicatio		Arlington, VA 22201		Numb	er 🕨 🛐				
	A LANCOUNT OF THE PARTY OF THE	ting Method:	☐ Cash ☑ Accrual Other (specify) ▶	Н	Check ▶	if the org	ganization is <b>not</b>			
	Website		://cleanenergygrld.org/			o attach Sch				
JI	ах-ехеп	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or	□527	(Form 990	), 990-EZ, or	990-PF).			
-			☑ Corporation ☐ Trust ☐ Association ☐ Other							
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or me	ore, or if tota	assets					
(Pa	rt II, cole	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$	146258			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruct	ions for Pa	art I) 🌃			
		Check if	the organization used Schedule O to respond to any question in	this Part I			🗸			
FX.	1	Contributio	ons, gifts, grants, and similar amounts received	SI (S) 10 10		1	146250			
2	2		ervice revenue including government fees and contracts	19 1 1002 • 61 • 65	* *	2	0			
2			ip dues and assessments	(a) (b) 6 K		3	0			
2.5		Investmen			2 2	4	8			
	5a	Gross amo	ount from sale of assets other than inventory 5a		0	115				
	b	Less: cost	or other basis and sales expenses		0	218				
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)	5c					
	6	Gaming ar	nd fundraising events			11				
Revenue	a	Gross inc	ome from gaming (attach Schedule G if greater than		Į.	500				
		\$15,000) .	6a		0					
Ver	b	Gross inco	me from fundraising events (not including \$of	contributior	ns l					
Re			aising events reported on line 1) (attach Schedule G if the							
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		0					
	С		t expenses from gaming and fundraising events <u>6c</u>		0					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	6b and sul	otract		_			
		line 6c)		ON 110 12 2	* *	6d	0			
	7a	Gross sale	s of inventory, less returns and allowances		0	10				
	b	Less: cost	of goods sold		0	194	_			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		* *	7c	0			
	8		nue (describe in Schedule O)			8	146058			
,,,,,,	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	146258			
	10		similar amounts paid (list in Schedule O) , , ,	× 5 5 5	20 00 1	10	0			
	11		aid to or for members			11	0			
es	12		ther compensation, and employee benefits 🔟		_	12	39250			
Expenses	13	Profession	al fees and other payments to independent contractors 🛂 👝 🕟	* * *		13	0			
ğ	14		y, rent, utilities, and maintenance		-	14	0			
ш			ublications, postage, and shipping		-	15	27242			
	16		enses (describe in Schedule O) 🔟			16	66492			
_	17	Total expe	enses. Add lines 10 through 16	* * * *		17	79766			
ţ	18		(deficit) for the year (Subtract line 17 from line 9)			18	13100			
Se	19		or fund balances at beginning of year (from line 27, column (A)) ar figure reported on prior year's return)			10	0			
Net Assets		_			_	19	0			
Net	20		nges in net assets or fund balances (explain in Schedule O)			20	79766			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	300 N W W	- 1 P	<b>4</b> I I I				

Cat. No. 10642I

22 Cash, savings, and investments 22 38766 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 43750 25 Total assets 25 82516 26 Total liabilities (describe in Schedule O) 26 2750 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 79766  Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III .   Check if the organization's primary exempt purpose? see Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.)  28 #1 - Incorporation as new non-profit entity.  Created new org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; identified experienced service providers to staff organization.	Pai	rt II Balance Sheets (see the instructions f	TO THE RESIDENCE OF THE PARTY O				
22		Check if the organization used Schedule	O to respond to a				
22 Land and buildings 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total lassets 25 Total lassets 25 Total lassets 25 Total lassets 26 State 27 of column (B) must agree with line 21) 26 Z750 Z750 Z750 Z750 Z750 Z750 Z750 Z750					A) Beginning of year		
24   43756   25   701al assetts (describe in Schedule O)	22						30700
25 Total laseitis (describe in Schedule O) 27 Total laseits (describe in Schedule O) 28 Total laseits or fund balances (line 27 of column (B) must agree with line 21) 28 Total laseits or fund balances (line 27 of column (B) must agree with line 21) 29 Rear III Statement of Program Service Accomplishments (see the instructions for Part III) 20 Describe the organization's primary exempt purpose? 20 Escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and conclise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 29 #1 -incorporation as new non-profit entity. 29 #2 Adoption of the Coalition's Primary and Communicate the Benefits. New Board of Directors convened and developed priorities device providers to staff organization. 29 #2 Part Policy. 30 #3 - Policy. 30 #3 - Policy. 31 * Policy. 32 * Policy. 33 * Policy. 34 * Policy. 35 * Policy. 36 * Policy. 36 * Policy. 36 * Policy. 36 * Policy. 37 * Policy. 38 * Policy. 39 * Policy. 30 * Policy. 30 * Policy. 31 * Other program services (describe in Schedule O) 30 * If this amount includes foreign grants, check here							43750
Total abilities (describe in Schedule 0)  7 Not assets or fund balances (line 27 of column (8) must agree with line 21)  7 Not assets or fund balances (line 27 of column (8) must agree with line 21)  7 Not assets or fund balances (line 27 of column (8) must agree with line 21)  7 Part III Statement of Program Service Accomplishments (see the instructions for Part III)  7 Check if the organization used Schedule O to respond to any question in this Part III  8 Part III Statement of Program Service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  8 Part III Statement of Program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  8 Part III State III Stat		·					2000
Total research program service (sees the instructions for Part III)   Z7   79766							BRANTA A.E.
Expenses (in the foreign and service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III .   Reputator of the program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  To rested on ew org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created one worg structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created one worg structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created new org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created new org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created new org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; Identified experienced service providers to staff organization.  Created new organization staff in the services providers to staff organization.  Created new organization staff in the services providers to staff organization.  Created new organization staff in the services providers to staff organization.  Created new organization staff in the services providers to staff organization.  Created new organization staff in the services providers to staff organization.  Created new organ	26						
Check if the organization used Schedule O to respond to any question in this Part III Part II		Net assets or fund balances (line 27 of column	(B) must agree wit	n line 21)		27	19100
What is the organization's primary exempt purpose? see Schedule O	Par					Eve	
What is the organization's primary exempt purpose?  Sees shellowed by expenses. In a clear and concise manner, describe the services provided, the number of others)  28 #1 - Incorporation as new non-profit entity. C'reated new org structure and home; reaffirmed support of stakeholders and orgs; recruited individuals for voluntary leadership; identified experienced service providers to staff organization.  29 #2 - Adoption of the Coalition's Strategic Goals and Communicate the Benefits. New Board of Directors convened and developed priorities which included outreach to FERC; hold regional conferences where need dictated; outreach presentations to interest groups and associations.  (Grants \$ ) If this amount includes foreign grants, check here				ny question in this F	rant III 🔽		
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 #1 - Incorporation as new non-profit entity.  C'reated new org structure and home; realfirmed support of stakeholders and orgs; recruited individuals for voluntary teadership; identified experienced service providers to staff organization.  29 #2 - Adoption of the Coalition's Strategic Goals and Communicate the Benefits.  New Board of Directors convened and developed priorities which included outreach to FERC; hold regional conferences where need dictated; outreach presentations to interest groups and associations.  (Grants \$ ) If this amount includes foreign grants, check here	What	is the organization's primary exempt purpose?	see Schedule O				
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New Board of Directors convened and developed priorities which included outreach to FERC; hold regional conferences where need dictated; outreach presentations to interest groups and associations.    Corants \$	_	(Grants \$ ) IT this amount	Communicate the Re	nefits	000	208	
Conferences where need dictated; outreach presentations to interest groups and associations.  (Grants \$ ) If this amount includes foreign grants, check here	29				hold regional		
Grants \$   If this amount includes foreign grants, check here   29a   200000							
### Policy.    Expand, update, and maintain communications presence through website, social media, email distribution lists admin materials through which to communicate ACEG policy goals and accomplishments.    Grants \$   If this amount includes foreign grants, check here   30a						200	20000
Expand, update, and maintain communications presence through website, social media, email distribution lists admin materials through which to communicate ACEG policy goals and accomplishments.  (Grants \$ ) If this amount includes foreign grants, check here		A Second	includes foreign gra	ants, check here .		298	
admin materials through which to communicate ACEG policy goals and accomplishments.  Garnts \$ ) If this amount includes foreign grants, check here	30	#3 - Policy.	once through websit	e social media email	dietribution liets		
Grants \$   If this amount includes foreign grants, check here		Expand, update, and maintain communications pres	EC pollow gools and	e, social illeula, elliali		1 1	
Claratis   State   S							15000
Grants \$ ) If this amount includes foreign grants, check here   31a   31a   32   365000						30a	
Tithis amount includes foreign grants, dried where   State	31						,
List of Officers, Directors, Trustees, and Key   Employees (list each one even if not compensated — see the instructions for Part IV)   Check if the organization used Schedule O to respond to any question in this Part IV   (d) Health benefits, otherwise (los Pepartalse)   (e) Pepartalse (los Pepartalse)   (e) Petartalse (los Pepartalse)   (e) Pepartalse (los Pepartalse)   (e) Petartalse (los Pepartalse)   (e)						+	
Check if the organization used Schedule O to respond to any question in this Part IV							URBERS.
(a) Name and title  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (ff not paid, enter -0-)  John W. Jimison  Executive Director  20 19000  0  Executive Director  Foresident  Foresident  David Gardiner  Secretary  Patrick Hughes  Treasurer  Jennifer Chen  Director  Director  Nina Plaushin  Director  Peggy Simmons  (a) Name and title  (b) Average hours per week devoted to position (c) Pepting (d) Health benefits, contributions to employee benefit plans, and deferred compensation of their compensation o	Par						
(a) Name and title burs per week devoted to position forms W-2/1099-MISC (from sw-2/1099-MISC) (from sw-2/1099		Check if the organization used Schedule	O to respond to a				
Executive Director   20		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emplo benefit plans, and	yee (e) Estima	
Bill White         5         6000         0         0           President         5         8250         0         0           David Gardiner         6         6000         0         0           Secretary         6         6000         0         0           Patrick Hughes         4         0         0         0           Treasurer         4         0         0         0           Jennifer Chen         4         0         0         0           James J. Hoecker         4         0         0         0           Nina Plaushin         4         0         0         0           Peggy Simmons         4         0         0         0			20	10000			
President   S				19000		0	
Rob Gramlich   Solution   Solut			. 5	0000			,
Vice President         5         8250         0         0           David Gardiner         6         6000         0         0           Secretary         6         6000         0         0           Patrick Hughes         4         0         0         0           Jennifer Chen         4         0         0         0           James J. Hoecker         4         0         0         0           James J. Hoecker         4         0         0         0           Nina Plaushin         4         0         0         0           Peggy Simmons         4         0         0         0				6000		U	
David Gardiner   6			. 5				
Secretary   6   6000   0   0     Patrick Hughes   4   0   0   0     Jennifer Chen   4   0   0   0     James J. Hoecker   4   0   0   0     Director   4   0   0   0     Nina Plaushin   4   0   0   0     Peggy Simmons   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0	Vice	President		8250		0	(
Secretary   6000   0   0     Patrick Hughes   4   0   0   0     Jennifer Chen   4   0   0   0     James J. Hoecker   4   0   0   0     Director   4   0   0   0     Nina Plaushin   4   0   0   0     Peggy Simmons   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0     Peggy Simmons   0   0   0   0     Peggy Simmons   0   0   0	Davi	d Gardiner	6				
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П	
		Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	, r urt	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	,,,,	~	_
?1	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V	2)
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	28
	b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		_	©:
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,	2
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]  O  Did the organization file Form 1120-POL for this year?		68	V	2
	b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	2
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1000 1000 1000			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	
	41	List the states with which a copy of this return is filed ▶ NONE				2:
	42a	The organization's pooks are in care of Partial and are in the reception i		17-559		2
		Located at ▶ 3100 Clarendon Blvd., Suite 800, Arlington, VA ZIP + 4 ▶	22201	1-5332		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No 🗸	
	С	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	42c	l livis	V	
	43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□	
	40	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A No	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	J#69.	V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		0	

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Р٤	aa	ıe	-

							Yes	No	
46	Did the organization engage, directly or in							FIR	
Part '	to candidates for public office? If "Yes," of Section 501(c)(3) organizations		, Part	· · · ·	<del></del>	46	<u> </u>	V	3
rait	All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete th	e tables f	or line	es	
	50 and 51.			,					
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI					
							Yes	No	
47	Did the organization engage in lobbying								
	year? If "Yes," complete Schedule C, Par		20.16.10.4.10.10.10.10.10.10.10.10.10.10.10.10.10.					V	3
48	Is the organization a school as described in Did the organization make any transfers t	, , , , , , ,	•					V	7
49a b	If "Yes," was the related organization a se					_	_		h
50	Complete this table for the organization's							d key	6
	employees) who each received more than								
		(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ad amo	unt of	
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other cor			
		devoted to position	(1 011113 11 27 1000 111100)	compen	sation				5
None									
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f	Total number of other employees paid ov								
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companies is no	ensated independent	contractors	who each	n received	more	thar	
	\$100,000 of compensation from the orga	Inization. Il there is no		1					Ē
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c	) Compensat	ion		
None									ž.
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			-						
									ž.
		***************************************	1						
	- I Shares								
		**********************	1						
d	Total number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>	N	one			
52	Did the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations m	ust attacl				
	completed Schedule A			* * * *	* • •	.► ✓ Yes	<u> </u>	No	ě
Under po	enalties of perjury, I declare that I have examined this rect, and complete. Perlaration of preparer (piner than	return, including accompar	lying schedules and statement	ents, and to the	best of my k	nowledge an	d belief,	it is	
	rect, and complete. Detraration of peparet when the	Tollicely is based on all line	Simation of which preparer	las arry kilowici	190.				6
Sign	Signature of efficer		1	IDate		10.	1		Ł
Here	- Vitack & Nove	1 Trans	ALFL		311	5/201	9		
	Type or print name and title	1 11.000.0	11000				1		è
—— Paid	Print/Type preparer's name/	Preparer's signature	Da	te	Check	if PTIN			ř
Prepa	V U				self-emplo				
Use (	1 - · ·			Firm	's EIN ▶				
	Firm's address ▶			Pho	ne no.				
May th	e IRS discuss this return with the prepare	r snown above? See	instructions	100 E2 W W	Se Sec Sec	► Yes	2 1 1	Nο	

#### 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.

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

OMB No. 1545-0047
2017
Open to Public

Inspection

Name of the organization
Americans for a Clean Energy Grid

Employer identification number 821765854

	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The o	organization is not a private found							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in <b>section</b>							
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and sta	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in	
6			mental unit described	l in sectio	on 170(b)	(1)(A)(v).		
7								
8	$\hfill\square$ A community trust described	in <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization.	to its exempt funt income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	An organization organized an							
12	An organization organized and							
	of one or more publicly supp							
	Check the box in lines 12a thr	_	• • • • • • • • • • • • • • • • • • • •	-	_			
а	Type I. A supporting orga the supported organizatio							
	supporting organization.	ou must comple	ete Part IV, Sections	A and B				
b	Type II. A supporting orga control or management of							
	organization(s). You must				persons	that control of man	age the supported	
С	☐ Type III functionally integ	=			onnectio	n with, and function	ally integrated with.	
Ť	its supported organization						,	
d	☐ Type III non-functionally							
	that is not functionally inte						id an attentiveness	
	requirement (see instruction	•	-					
е	Check this box if the orga functionally integrated, or						e II, Type III	
f	Enter the number of supported							
g	Provide the following information	n about the supp	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization				(vi) Amount of	
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				Yes	No			
				165	140			
(A)								
(B)								
(C)								
(D)								
(E)								

Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					146250	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	
4	Total. Add lines 1 through 3					146250	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	State Cont	A PART OF THE PART			K Salar Salar	
	on B. Total Support		I		1 ( 1) 22 ( 2)	1 ( ) 0047	70 T
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 146250	(f) Total 146250
7 8	Amounts from line 4				-	8	8
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					0	0
11	Total support. Add lines 7 through 10	Shift Skittige		PROBABA A	THE PROPERTY OF	PRESTALL UNITED	146250
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<del></del>	· · · · ·	
	on C. Computation of Public Suppor			(0)			0/
14 15 16a	Public support percentage for 2017 (line Public support percentage from 2016 Scl 331/3% support test—2017. If the organibox and stop here. The organization qua	hedule A, Part ization did no	II, line 14 t check the bo	 x on line 13, a	nd line 14 is 3		
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	6a, and line 15	is $33^{1}/_{3}\%$ or m	ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means that VI how the organization meets the forganization	eets the "facts 'facts-and-circ	s-and-circumst cumstances" te	ances" test, clest. The organ	heck this box i ization qualifie	and <b>stop here.</b> s as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and so ion qualifies as	stop here.
18	Private foundation. If the organization di						see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	SIS listed beit	Jw, please co	implete rait	11./	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					¥	
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					ESTATE OF A SECOND	
8	Public support. (Subtract line 7c from				Charles I Ame		
	line 6.)		The grade				
	on B. Total Support	f-1.0040	(F) 0011	(-) 0015	(4) 0010	(=) 0017	(6) Total
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
Ŋ	section 511 taxes) from businesses						
	acquired after June 30, 1975		F				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop her	e					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2017 (line 8				SP 31 31 3 31	15	%
16	Public support percentage from 2016 Sch			a a a a a	90 90 90 9	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I	•	• • •	•		17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests—2017. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this k						
20	Private foundation If the organization did	t not check a	hox on line 14	192 or 19h (	rheck this hox	and see instru	ctions -

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 12a or 12b 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.)

1		127
2		107
2		
3a	VIQ.	D. 10
3b	NET-U	
3с	BOOT	1211
4a	<b>MA13</b>	
4b		
4c	(69) (69)	
5a		
5b	digsji	myG0
5c	995	Buch
6	95	
7	W.	BER
8	68	INE S
A.S.A.		A11
9a	EQ. (II)	Total State
9b	REGIO	III N
9c		
100 ma		
10a	35	120
10b	000.5	7) 2017

Schear	JIE A (FOITH 990 of 990-⊏Z) 2017		ı	Page J
Part	IV Supporting Organizations (continued)		1.6	
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		The second	1.4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	NAME OF TAXABLE PARTY.	E 16	
	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3000	(SLS)	1000
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	17.3	Miles	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		100	
	controlled the organization's activities. If the organization had more than one supported organization,	I SE		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1000		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Herrisco
2	Did the organization operate for the benefit of any supported organization other than the supported	C	(SALAS)	J. S. S.
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	ands	1760E	200
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Tool H	1357	
	supervised, or controlled the supporting organization.	OTTEN	West.	
C4	1 0 0	2		
Sect	ion C. Type II Supporting Organizations			N.
42:			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		Vare	
	or management of the supporting organization was vested in the same persons that controlled or managed	Sinn	TO SALE	MAN
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2786	W. 39	ETT.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Jw n		DIV.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		Pare.
	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			199
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 4		
	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		FPH	0.55
	significant voice in the organization's investment policies and in directing the use of the organization's	50	Say	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ER	WEST	Cal
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
			-41	-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
		0.0	ninstr	MALE:
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		18 4	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,	1000		SIN S
	how the organization was responsive to those supported organizations, and how the organization determined	2 3		
	that these activities constituted substantially all of its activities.	20		(Marino)
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	NH T	V1016	78
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	N 196	15/5	Pin I
	reasons for the organization's position that its supported organization(s) would have engaged in these	8 45	150	120
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1 28	PARK.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	TEAS	30.74	) Sup
	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	POT	11 75	T VIII
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (explicted in the state of the state	ain in Part VI). <b>See</b> ions A through E.
Section 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		
Section 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):	E-TOU		A Suck was
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A VERTICAL PROPERTY AND A	
2 Enter 85% of line 1.	2		Della Control of the
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		ALC:
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		241
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	ly in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	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 purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified 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	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive			
9	Distributable amount for 2017 from Section C, line 6	11-				
10	Line 8 amount divided by line 9 amount					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2017					
а			6.55453			
b	b From 2013					
c	c From 2014					
d						
e	From 2016					
f_	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u> _	Applied to 2017 distributable amount	and water Sant Street				
<u> </u>	Carryover from 2012 not applied (see instructions)					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:	STATE OF THE STATE OF				
a	Excess from 2013	A SELECTION OF THE SELECT				
b	Excess from 2014					
С	Excess from 2015					
d	Excess from 2016		Straint Strain Alls			
е	Excess from 2017		Water the Art of the State of			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
*************	
***************************************	
*******	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

821765854 Americans for a Clean Energy Grid PART I. Line 16. Description of other expenses - Administrative services - \$25,867; Travel expense - \$1,375 PART I. Lines 19 and 20. Other changes in net assets or fund balances - ACEG was established as a separate entity in 2017. Therefore, there are no new assets to report from previous end-of-year net assets or fund balance. PART II. Balance Sheets. Line 24. Other Assets - Accounts Receivable - \$43,750 PART II. Balance Sheets. Line 26. Total Liabilities - Accounts Payable - \$2,750 PART III. Organization's primary exempt purpose statement: Expanded high voltage transmission will make America's electric grid more affordable, reliable, and sustainable and allow America to tap all economic energy resources, overcome system management challenges, and create thousands of well-compensated jobs. But an insular, outdated and often short-sighted regional transmission planning and permitting system stands in the way of achieving those goals. ACEG brings together the diverse support for an expanded and modernized grid from business, labor, consumer and environmental groups, and other transmission supporters to educate policymakers and key opinion leaders to support policy which recognizes the benefits of a robust transmission grid.

Schedule O (Form 990 or 990-EZ) (2017)	Pa	age 2
Name of the organization	Employer identification number	
		******
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## LETTER OF EXPLANATION FOR LATE FILING Form 990-EZ 2017

The accompanying 990 filing for 2017 is late and should have been made by the deadline in 2018. On behalf of *Americans for a Clean Energy Grid*, I acknowledge that the organization inadvertently failed to meet this obligation and ask that this harmless violation be excused without penalty.

As a new non-profit corporation that was initially incorporated in June of 2017, ACEG was first organized with its appointed Board of Directors in September 2017. It obtained all initial funding provided in grants from two non-profit entities late in 2017, and the leadership of ACEG failed to realize that the initial revenues provided exceeded the threshold amount requiring a 990 filing. As well, the decision of the Board of Directors to apply in early 2018 for a determination that ACEG was eligible to be classified as a charity under Section 501(c)(3) of the Internal Revenue Code led ACEG's management to the erroneous misunderstanding that ACEG could wait until a determination on that application before being obligated to make corporate non-profit tax filings.

Only after inquiring about the status of the 2018 tax filing did the ACEG leadership learn that the 2017 filing had not been made and none had been planned for 2018 because the determination of tax status was still pending. ACEG will make a timely filing for the 2018 tax year and in future years as well and asks to be excused for its failure to file on a timely basis for 2017.

In summary we request abatement of any penalties for late filing due to reasonable cause (Sec. 6652(c)(4)) and because there was no willful neglect (Regs. Sec. 301.6652.1(f)) in the late filing of this 990EZ for tax year 2017.

Signature

Name and Title