

EXTENDED TO NOVEMBER 15, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ELECTRIFICATION COALITION FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1111 19TH STREET, NW**

Room/suite

**406**

City or town, state or province, country, and ZIP or foreign postal code

**WASHINGTON, DC 20036****F** Name and address of principal officer: **RAPHAEL DIAMOND****SAME AS C ABOVE****D** Employer identification number**01-0927327****E** Telephone number**202-461-2360****G** Gross receipts \$**1430763.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ELECTRIFICATIONCOALITION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2009** **M** State of legal domicile: **DE****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <b>THE ELECTRIFICATION COALITION FOUNDATION IS A NONPARTISAN, 501(C)(3) ORGANIZATION COMMITTED TO</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3		5			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		4			
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		0			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		1405000.		1429922.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2075.		841.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1407075.		1430763.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		420992.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		688271.		629331.		
16b	Total fundraising expenses (Part IX, column (D), line 25) <b>249047.</b>		49000.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		585943.		466584.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		1744206.		1095915.		
19	Revenue less expenses - Subtract line 18 from line 12		-337131.		334848.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		151865.		176955.		
22	Net assets or fund balances - Subtract line 21 from line 20		491147.		181389.		
			-339282.		-4434.		

**Part II Signature Block**

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	Signature of officer	Date	
	<b>JOSEPH RYAN, EXECUTIVE VICE PRESIDENT</b>	<b>14 NOV 2016</b>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>ROBERT COCCHIARO</b>	<b>CPA</b>	<b>11/14/16</b>
	Firm's name	Firm's EIN	PTIN
	<b>COCCHIARO &amp; ASSOCIATES, LLC</b>	<b>20-4534812</b>	<b>P01203311</b>
	Firm's address	Phone no.	
	<b>10800 GREENE DRIVE, 1ST FLOOR</b>	<b>703-946-3670</b>	
	<b>LORTON, VA 22079</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED DEC 2 3 2016