ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668

990

9

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A E	the 2020 e	alandar year or tay year beginning 07 01 2020 and ording	06 20 2021			
		alendar year, or tax year beginning 07-01-2020 , and ending (C Name of organization	00-30-2021	D Employer	dentifi	cation number
_	ck if applicable: dress change	PennEnvironment Research & Policy Center				cation number
	ne change	Inc		05-053066	58	
	ial return	Doing business as				
O Fina	l return/terminated			E Talanhana n	umbar	
	ended return	1712 C Durad Church F4047	om/suite	E Telephone n	umber	
O Ap	olication pending	1713 S Broad Street 54847		(215) 732	-5897	
		City or town, state or province, country, and ZIP or foreign postal code Philadelphia, PA 19148				
		, ,		G Gross receip	ots \$ 80	06,254
		F Name and address of principal officer:	H(a)	Is this a group retur	n for	
		David Masur 1713 S Broad Street 54847		subordinates?		□Yes <a>V No
		Philadelphia, PA 19148	H(b)	Are all subordinates included?		☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3)	27	If "No," attach a list	. (see	instructions)
J W	ebsite: > ww	w.pennenvironmentcenter.org	H(c)	Group exemption nu		
K Forn	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year o	of formation: 2002	State	of legal domicile: PA
		<u>'</u>				
Pa	rt I Sum	mary				
		scribe the organization's mission or most significant activities:				
Ф		onment is dedicated to protecting our air, water and open spaces. Wei nakers and help the public make their voices heard in local, state and				
2				•		
Ë	-					
ě.	- 6					
Ğ	2 Check th 3 Number	is box $ ilde{}$ \sqcup of voting members of the governing body (Part VI, line 1a) \cdot \cdot \cdot			3	4
*8		of independent voting members of the governing body (Part VI, line 1b)			4	4
es es			•		5	0
Activities & Governance		nber of individuals employed in calendar year 2020 (Part V, line 2a)				0
Act		nber of volunteers (estimate if necessary)			6	
		elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unre	lated business taxable income from Form 990-T, line 39			7b	
				Prior Year	<u> </u>	Current Year
9	8 Contribut	tions and grants (Part VIII, line 1h)		1,322,935	j	787,723
Revenue	9 Program	service revenue (Part VIII, line 2g)				0
ŝ	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		43,931	L	18,531
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100)	0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,366,966	j	806,254
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		15,000)	12,500
		paid to or for members (Part IX, column (A), line 4)		·	†	0
LO.		other compensation, employee benefits (Part IX, column (A), lines 5-:	10)	358,231	1	330,703
Expenses		onal fundraising fees (Part IX, column (A), line 11e)		330,232	1	0
8	_				+	
ă		raising expenses (Part IX, column (D), line 25) 37,458	-	221 E23		200 127
		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		331,533		300,127
	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		704,764	+	643,330
	19 Revenue	less expenses. Subtract line 18 from line 12		662,202		162,924
Net Assets or Fund Balances			Beg	inning of Current Year	1	End of Year
ets	20 Total acc	ote (Part Y line 16)		2 261 00	,—	2 241 710
Ass Ba		ets (Part X, line 16)		2,361,897	1	2,241,719
et md		ilities (Part X, line 26)		670,340	_	387,226
Z (I	22 Net asset	ts or fund balances. Subtract line 21 from line 20		1,691,557	4	1,854,493

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

Signature Block

Sign							
	Sign	nature of officer				2022-05-11 Date	
Here	, Sign	ideale of officer				Dute	
пеге		id Masur Pres/Exec Dir e or print name and title					
	Турс		Dwanawawia	aignatura.	Data		DTIN
Paid		Print/Type preparer's name	Preparer's	signature	Date	Check if self-employed	PTIN P00290880
Prep		Firm's name Davis & Co C	CPAs PC		l .	Firm's EIN 8	4-1184234
Use	Only	Firm's address > 9457 S Unive	ersity Blvd 410			Phone no. (303) 791-6800
		Highlands Ra	nch, CO 80126				
		ss this return with the prep	•				. 🔽 Yes 🗌 No
For Pa	perwork F	Reduction Act Notice, see	the separate instr	uctions.	Cat	t. No. 11282Y	Form 990 (2020
				Da 2			
				— Page 2 ——			
Form 9	90 (2020)						Page 2
Part		tement of Program Se	-				
1		ck if Schedule O contains a cribe the organization's miss		any line in this Part	III		<u> U</u>
The co Code, i preserv	rporation is including, fo vation, corp		haritable, educationa g, researching, analy sponsibility, and othe	zing, and pursuing	solutions to prob	lems of consume	
t I	the prior Fo If "Yes," des	anization undertake any sig irm 990 or 990-EZ? scribe these new services or anization cease conducting,	n Schedule O.				☐ Yes ☑ No
	services?						
4	Describe the Section 501	e organization's program se .(c)(3) and 501(c)(4) organ e, if any, for each program s	rvice accomplishmer izations are required				
4	Describe the Section 501	e organization's program se .(c)(3) and 501(c)(4) organ	rvice accomplishmer izations are required		int of grants and		
4	Describe the Section 501 and revenue (Code:	e organization's program se L(c)(3) and 501(c)(4) organ e, if any, for each program s	rvice accomplishmer izations are required service reported. 278,865 Iff engage in non-legisla	including grants of \$ tive activities including	nt of grants and	allocations to oth) (Revenue \$ and legal and poli-	
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4a	Describe the Section 501 and revenue (Code: Researching a issues: promotion (Code: Public education of the Section of the Sect	e organization's program se .(c)(3) and 501(c)(4) organ e, if any, for each program s) (Expenses \$ and influencing public policy: sta oting renewable energy strategie) (Expenses \$	rvice accomplishmer izations are required service reported. 278,865 Iff engage in non-legisla es, cleaning up our wate 180,856 unteers, distributingedur	including grants of \$ tive activities including rways and banning tox including grants of \$ cational literature, cond	research, education ic pesticides used in 12,5 ducting surveys and) (Revenue \$ 1, and legal and polition food production.	ers, the total expenses,) cy development on the following) ith the publicreaching thousands
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https://projects.propublica.org/nonprofits/organizations/50530668/202241319349303019/full

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	Yes	
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 Schedule K. If "No," go to line 25a	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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 $2 \cdot \cdot \cdot$.	35b		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt 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			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		Yes	No
та b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		No

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age J

Form 990 (2020) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . За No If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a No 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a No **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b **c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . 5с Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Nο If "Yes," did the organization notify the donor of the value of the goods or services provided? 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file c 7c No If "Yes," indicate the number of Forms 8282 filed during the year . . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g No h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Nο Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c **14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . No 14b **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? . No

If "Yes," see instructions and file Form 4720, Schedule N.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

P/

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

The organization's CEO, Executive Director, or top management official .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

15a

15b

16a

16b

Yes

Yes

No

19	Describe in Schedule O whether (and if so, policy, and financial statements available to						vernin	g do	ocuments, conflict o	of interest	
20	State the name, address, and telephone no Katie McGinn 1543 Wazee Street 400	umber of the pe Denver, CO 802					the o	rgar	nization's books and	d records:	
		,		,							Form 990 (2020)
				Page	7						
				. aga							
	990 (2020)	· 		17	_						Page 7
Pai	Compensation of Officers, D and Independent Contractor	rs		-		-	-	-	-		ees,
Se	Check if Schedule O contains a respection A. Officers, Directors, Truste										U
	omplete this table for all persons required to			-					-	-	ganization's tax
	List all of the organization's current officers mpensation. Enter -0- in columns (D), (E), a							or c	organizations), rega	ardless of amount	
	ist all of the organization's current key em		•					tion	of "key employee."	•	
who I	ist the organization's five current highest or received reportable compensation (Box 5 of nization and any related organizations.	ompensated er Form W-2 and/	nployee 'or Box	s (ot 7 of I	her Form	than 10	an of 99-MI	fice SC)	r, director, trustee of of more than \$100	or key employee) ,000 from the	
of rep	ist all of the organization's former officers, portable compensation from the organization	and any relate	ed orga	nizati	ions.				•		,000
orgar	ist all of the organization's former directo nization, more than \$10,000 of reportable constructions for the order in which to list the	mpensation fro	m the								
<u> </u>	Check this box if neither the organization no	r any related o	rganizat	ion c	omp	ens	ated a	ny c	current officer, direc	ctor, or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, un of tor/t	t che unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`MİSC)	` MİSC)	related organizations
(1) Da	avid Masur	20.00	х		Х				0	0	0
Pres/I	Exec Dir	0.00									
(2) St Clerk	ephanie Haynes	0.10	Х		х				0	0	0
. ,	nristine Lindstrom urer	0.10	х		х				0	0	0
	ayi Harris .or	0.10	x						0	0	0
(5) Er	ika Staaf Strassburger	0.00									
` ,	<u> </u>	0.00	Х						0	0	0
											_
											_

Pennenvironment Research And Policy Center - Full Filing - Nonprofit Explorer - ProPublica

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

10/22/25, 6:47 AM

22/25, 6:47 AM	Pennenvironn	nent Re	searc	h An	d Po	olicy C	ente	r - Full Fi	ling - Nonp	rofit Explorer - P	roPub ı	olica	
_													
					<u>! </u>							Form 99	0 (202
				D	. 0								
				Page	8 8								
rm 990 (2020) Part VII Section A. Officers, Di	roctors Truston	s Kov	Emn	lovo	205	and	uia!	nost Cou	mnoncato	nd Employees	(cont	tinuad)	Page
Part VII Section A. Officers, Di	Tectors, Trustees	, key	ш			anu	9	ı		T Imployees	(COIII	.mueu)	
(A) Name and title	(B) Average hours per				t ch	eck m		Rep	(D) ortable ensation	(E) Reportable compensatio	n	Estima amount of	ated
	week (list any hours	is	both a direc	an of	fice	r and a	Э	fro	m the zation (W-	from related organizations (ı	compen	sation
	for related organizations	오늘	1				Ţī	2/109	9-MISC)	2/1099-MISC	<u>(</u>)	organizat relat	ion an
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					organiza	
	iiie)	cor	tions		nplo	t co	~						
		teur)	II Tr		уөө	mpe							
		6	Istee			nsat							
						ed							
			-										
							-						
							-						
Sub-Total			•			v v							
Total (add lines 1b and 1c) .				<u>:</u>		•							
Total number of individuals (included for the following forms of the following forms of the following forms of the following for the following forms of the following forms of the following for the following forms of the following			se list	ed a	bove	e) who	rece	eived mo	re than \$10	00,000			
or reportable compensation from	the organization •	0											N 1 -
Did the organization list any form	•			•				-	npensated	employee on		Yes	No
line 1a? If "Yes," complete Sched						···			cation for	• •	3		No
For any individual listed on line 1a organization and related organiza individual											4		No
Did any person listed on line 1a re services rendered to the organiza								_			5		No
ection B. Independent Contr	actors												
Complete this table for your five he from the organization. Report con	nighest compensate										mpen	sation	
	(A) me and business addr		. , cui	2.10	9				50111244101	(B)		(0	
		000							D	ription of services		Comper	0004:

10/22/25, 6:47	AM	Penr	nenvironment Resea	rch And Policy Cente	er - Full Filing - Non	profit Explorer - ProPu	ıblica
		ndent contractors (inclorganization > 0	uding but not limite	d to those listed abo	ve) who received n	nore than \$100,000 of	f
·		3					Form 990 (2020)
				Page 9 ———			
Farm 000 (20	1201						- 0
Form 990 (20		of Revenue					Page 9
		edule O contains a res	ponse or note to an			<u> </u>	\square
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
:derate	d campaigns .	. 1a			revenue		512 - 514
Amounts	d campaigns .	1b					
o ≔	ing events .	. <u>1c</u>					
Contributions, other of other of other of other	organizations	1d					
e Swernme	ent grants (contrib	outions) 1e					
	contributions, gifts						
above	7 700	1f					
g Noncash o	7,723 contributions inclu	ded in					
lines 1a -	1f:\$	1 g					
h Total. Ad	dd lines 1a-1f		787,723	·	Γ		
2a			Business Code				
9							
e y							
Program Service Revenu							
ဆို							
E G							
		ervice revenue.					
		-2f ▶	0	ı		1 1	
similar	amounts) .	including dividends, in	terest, and other	18,531			18,531
		ent of tax-exempt bo		0			
5 Royalt	ies	(i) Pool		0			
6a Gross	s rents	(i) Real	(ii) Personal				
b Less:	rental	6b					
	al income	6c					
•	-	or (loss)		0			
	Г	(i) Securities	(ii) Other			+	
7a Gross	amount sales of	7a					

10/22/25, 6:47 AM Penner	vironment Resear	rch And Policy Cent	er - Full Filing - Non	profit Explorer - ProP	ublica
assets other than inventory					
b Less: cost or other basis and sales expenses					
c Gain or (loss) 7c					
d Net gain or (loss)		0			
• 3 Gross income from fundraising events					
(not including \$ of contributions reported on line 1c).					
See Part IV, line 18 8a					
b Less: direct expenses 8b					
(not including \$ of contributions reported on line 1c). See Part IV, line 18	5 · · •	0			
Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities	•	0			
10aGross sales of inventory, less returns and allowances					
100					
b Less: cost of goods sold 10b		0			
C Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
11aMiscellaneous	Business code				
d All other revenue e Total. Add lines 11a-11d	_				
e iotal. Add lines IIa-IId		0			
12 Total revenue. See instructions	▶	806,254			18,531
					Form 990 (2020)
		- 40			
		Page 10 ———			
Form 990 (2020)					Page 10
Part IX Statement of Functional Expen					
Section 501(c)(3) and 501(c)(4) organ		•			
Check if Schedule O contains a respons	e or note to any li	ine in this Part IX .	(B)	(C)	🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organized domestic governments. See Part IV, line 21		12,500	12,500	general expenses	ехрепѕеѕ
2 Grants and other assistance to domestic individ Part IV, line 22		0			
3 Grants and other assistance to foreign organiza governments, and foreign individuals. See Part and 16	IV, lines 15	0			
4 Benefits paid to or for members		0			
5 Compensation of current officers, directors, truskey employees		53,939	43,958	3,668	6,313
6 Compensation not included above, to disqualifie defined under section 4958(f)(1)) and persons section 4958(c)(3)(B)	described in	0			
7 Other salaries and wages	<u> </u>	224,143	187,823	15,242	21,078
8 Pension plan accruals and contributions (include 401(k) and 403(b) employer contributions)		6,570	5,476	447	647

9 Other employee benefits

2,549

1,838

21,859

	•	earch And Policy Center		•		=
	Payroll taxes	19,805	16,507]	1,347	1,951
	Fees for services (non-employees):					
а	Management	0				
	Legal	0				
C	: Accounting	6,124		(5,124	
d	Lobbying	0				
е	Professional fundraising services. See Part IV, line 17	0				
f	Investment management fees	0				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180,208	67,019	113	3,189	
12	Advertising and promotion	1,547	1,547			
13	Office expenses	665	119		546	
14	Information technology	2,370	1,967		166	237
15	Royalties	0				
16	Occupancy	35,400	29,504	2	2,413	3,483
	Travel	85	72		5	8
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0				
19	Conferences, conventions, and meetings	0				
20	Interest	0				
	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	1,262	1,052		86	124
	Insurance	324			324	
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) amount, list line 24e expenses on Schedule O.)					
	a Public education & outreach	61,342	61,342			
i	b Printing and Publications	7,000	5,818		490	692
•	c Telecommunications	3,800	3,158		266	376
•	d					
9	e All other expenses	0				
25	Total functional expenses. Add lines 1 through 24e	643,330	459,721	146	5,151	37,458
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).					
	Creek liefe = C is following 301 30 2 (130 330 720).	<u> </u>			Form 9	90 (2020)
		- Page 11				
orm	n 990 (2020)					Page 11
Pa	art X Balance Sheet					
	Check if Schedule O contains a response or note to any	line in this Part IX	(A)			
			Beginning of year		(B) End of ye	
	1 Cash-non-interest-bearing	F	0.000	1		4 702 057
	2 Savings and temporary cash investments	 -	2,002	-		1,723,857
	3 Pledges and grants receivable, net	· <u> </u>		3		0
	4 Accounts receivable, net		358	3,455 4		251,157
	5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial controlled entity or family member of any of these perso	ntributor, or 35%		5		0
	6 Loans and other receivables from other disqualified person section 4958(f)(1)), and persons described in section 49			6		0
60	7 Notes and loans receivable, net	[7		0
ssets	8 Inventories for sale or use			8		0
SS	9 Prepaid expenses and deferred charges			9		0
*	10a Land, buildings, and equipment: cost or other hasis Complete Part VI of Schedule D	25.414				

0/22	/25, 6. •	247 AM Pennenvi	ronment Research A	and Policy Center - Full Fi	ıırıg - Noriprolit ⊑x	piorer - Pro	Publica
	ь	Less: accumulated depreciation	10b	25,414	1,262	10c	0
	11	Investments—publicly traded securities .	<u> </u>			11	0
	12	Investments—other securities. See Part IV,	line 11			12	266,705
	13	Investments—program-related. See Part IV	, line 11			13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (mus	st equal line 33) .		2,361,897	16	2,241,719
	17	Accounts payable and accrued expenses .			670,340	17	387,226
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Comple	ete Part IV of Schedu	ıle D		21	
Liabilities	22	Loans and other payables to any current or employee, creator or founder, substantial co or family member of any of these persons	ontributor, or 35% c	ontrolled entity		22	
Ξ	23	Secured mortgages and notes payable to u		23			
	24	Unsecured notes and loans payable to unre	lated third parties			24	
	25	Other liabilities (including federal income ta and other liabilities not included on lines 17 Complete Part X of Schedule D		ed third parties,		25	
	26	Total liabilities. Add lines 17 through 25			670,340	26	387,226
lances	27	Organizations that follow FASB ASC 95 complete lines 27, 28, 32, and 33. Net assets without donor restrictions .	•	✓ and	1,231,107	27	1,629,493
d B	28	Net assets with donor restrictions			460,450	28	225,000
or Fund Balances	29	Organizations that do not follow FASB complete lines 29 through 33. Capital stock or trust principal, or current for	•	ļ		29	
\$	30	Paid-in or capital surplus, or land, building of	or equipment fund			30	
Assets	31	Retained earnings, endowment, accumulate	ed income, or other	funds		31	
	32	Total net assets or fund balances			1,691,557	32	1,854,493
Net	33	Total liabilities and net assets/fund balances	s		2,361,897	33	2,241,719
				I		<u> </u>	Form 990 (2020)

Form 990 (2020) Page **12 Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . Total revenue (must equal Part VIII, column (A), line 12) . 806,254 1 1 Total expenses (must equal Part IX, column (A), line 25) . 2 643,330 2 Revenue less expenses. Subtract line 2 from line 1 . . . 3 162,924 3 4 1,691,557 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments . 5 12 5 Donated services and use of facilities . 6 6 7 7 Investment expenses . 8 8 Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) . . . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1,854,493 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII No ☐ Cash ✓ Accrual ☐ Other Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

Page 12 -

separate basis, consolidated basis, or both:

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☐ Separate basis	☐ Consolidated basis	☐ Both consolidated and separate basis			
b Were the organization	's financial statements audited by	an independent accountant?	2b	Yes	
If 'Yes,' check a box b consolidated basis, or		ncial statements for the year were audited on a separate basi	s,		
Separate basis	☐ Consolidated basis	$\ \square$ Both consolidated and separate basis			
		committee that assumes responsibility for oversight ements and selection of an independent accountant?	2c		No
If the organization ch	anged either its oversight process	or selection process during the tax year, explain in Schedule	0.		
3a As a result of a federa Audit Act and OMB Ci		quired to undergo an audit or audits as set forth in the Single	3a		No
		it or audits? If the organization did not undergo the required any steps taken to undergo such audits.	3b		
			<u> </u>	orm 990	(2020)
Form 990 (2020)					
Additional Data			Retur	n to Fo	rm
		Software ID: 20011551			
	Soft	ware Version: 2020v4.0			

Form 990 Special Condition Description:

ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668

OMB No. 1545-0047

2020

SCHEDULE A (Form 990 or 990EZ)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

								Inspection
		ne organization nent Research & Policy Center					Employer identific 05-0530668	ation number
Pai	tΙ	Reason for Public	Charity State	us (All organization	s must comp	lete this part.) S	1	
e o	rganiz	ation is not a private four	ndation because	it is: (For lines 1 thro	ugh 12, check	only one box.)		
1		A church, convention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operate	ed in conjunction with	a hospital desc	cribed in section	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descrit	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sect	ion 170(b)(1)(<i>l</i>	۸)(v).	
7	~	An organization that not section 170(b)(1)(A)	(vi). (Complete	Part II.)		-	unit or from the genera	al public described in
8		A community trust desc	ribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of	of agriculture. So	ee instructions. Enter	the name, city,	and state of the	college or university:	
0		An organization that not from activities related to investment income and 30, 1975. See section 9	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions	, and (2) no more	than 331/3% of its su	pport from gross
1		An organization organize	ed and operated	l exclusively to test for	r public safety.	See section 509	(a)(4).	
2		An organization organizemore publicly supported in lines 12a through 12a	organizations o	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	ated, supervised, or co	ontrolled by its	supported organi	zation(s), typically by	giving the supported nization. You must
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrated The organization	d. A supporting organing generally must satis	zation operate fy a distribution	d in connection wing requirement and	th its supported organ	
е		Check this box if the orgintegrated, or Type III n	janization receiv	ved a written determir	ation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported	dorganizations				<u> </u>	
g		de the following informati			• -		_	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
r P	aperv	vork Reduction Act Not or 990-EZ.	ice, see the Ir	nstructions for	Cat. No. 112	85F	Schedule A (Form 9	90 or 990-EZ) 2020
				Pa	ge 2 ———			
hed	ule A	(Form 990 or 990-EZ) 20	20					Page 2
	t II	Support Schedule	e for Organiz				(iv) and 170(b)(1 ization failed to qua	.)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

	2/25, 6:47 AM	Pennenvironme	nt Research And F	Policy Center - Full	Filing - Nonprofit I	Explorer - ProPubl	ica
(0	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1,290,611	895,184	901,330	1,322,935	787,723	5,197,783
	include any "unusual grant.")					,	
2	Tax revenues levied for the organization's benefit and either paid						0
	to or expended on its behalf						U
3	The value of services or facilities						
	furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	1,290,611	895,184	901,330	1,322,935	787,723	5,197,783
5	The portion of total contributions by		555/25	552/255		,	3/201/100
	each person (other than a						
	governmental unit or publicly supported organization) included on						2,385,450
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						2,812,333
_	Section B. Total Support						
	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	r fiscal year beginning in) 🕨		` '	` '	` '	` ,	
7	Amounts from line 4.	1,290,611	895,184	901,330	1,322,935	787,723	5,197,783
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	9,291	10,608	28,507	43,931	18,531	110,868
_	income from similar sources Net income from unrelated business						
9	activities, whether or not the						0
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital				100		100
	assets (Explain in Part VI.).				100		100
11	Total support. Add lines 7 through						5,308,751
	10 Gross receipts from related activities,	ots (soo instruction	nc)				3,300,731
12		•	•			12	
13		-			•		ization, check
	this box and stop here					▶∪	
	Section C. Computation of Public						
14	Public support percentage for 2020 (lin	, , ,		. , ,		14	52.980 %
15	Public support percentage for 2019 Sc					15	51.040 %
16	33 1/3% support test—2020. If the						
	and stop here. The organization quali						
t	33 1/3% support test—2019. If the						
47.	box and stop here. The organization 10%-facts-and-circumstances test						🟲 🗆
1/6	is 10% or more, and if the organizatio	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	ere. Explain	
	in Part VI how the organization meets	the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported	_
	organization						🕨 🗆
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz	st-2019. If the or	rganization did not	t check a box on l	ine 13, 16a, 16b, o	or 17a, and line	
	Explain in Part VI how the organization	on meets the "facts	s-and-circumstanc	es" test. The orga	nization qualifies a	p nere. as a publicly	
	supported organization			_	· ·	-	▶ 🗆
18	Private foundation. If the organization						
	instructions						▶□
					Schedu	le A (Form 990 o	r 990-EZ) 2020
			Page 3				
			3				
Scn	edule A (Form 990 or 990-EZ) 2020						Page 3
	Part III Support Schedule for						D
	(Complete only if you						er Part II. If
_	the organization fails Section A. Public Support	to quality under	the tests listed	below, please c	ompiete Part II.)	
	lendar year	() 2016	4 > 204 =		(D 2010	() 2000	(0) =
	r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not include any "unusual grants.") .			1	1		1
2	Gross receipts from admissions,						
	merchandise sold or services			1	1		1
	performed, or facilities furnished in any activity that is related to the			1	1		1
	organization's tax-exempt purpose						
3		e			1		
	not an unrelated trade or business						ĺ

	organization's benefit and either paid to or expended on its behalf		ī	_					
6 7a	to or expended on its behalf								
7a	The value of services or facilities								
7a	furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5								
b	Amounts included on lines 1, 2, and 3 received from disqualified persons								
	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 8	Add lines 7a and 7b Public support. (Subtract line 7c								
	from line 6.) ction B. Total Support								
	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(6)	Total	
(or 1	fiscal year beginning in) Amounts from line 6	(a) 2016	(B) 2017	(6) 2018	(a) 2019	(e) 2020	(1)	iotai	
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
•	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
c 11	Add lines 10a and 10b. 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								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for the	ne organization's	first, second, thir	d. fourth, or fifth	tax year as a secti	on 501(c)(3) ord	ianizat	ion.	
	check this box and stop here	_			· ·				
Se	ction C. Computation of Public	Support Perce	ntage						
	Public support percentage for 2020 (lir	ne 8 column (f) d							
15			•			15			
15 16	Public support percentage from 2019 S	Schedule A, Part I	II, line 15			15 16			
15 16		Schedule A, Part II	II, line 15 Percentage			—			
15 16 Se 17 18	Public support percentage from 2019 Sction D. Computation of Invest. Investment income percentage from 202 Investment income percentage from 2	ment Income (line 10c, colum () Schedule A,	Percentage mn (f) divided by Part III, line 17.	line 13, column	(f))	16 17 18			
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Invests Investment income percentage from 2011 Investment income percentage from 20131/3% support tests—2020. If the computation is a support tests—2020.	schedule A, Part II ment Income 20 (line 10c, colui 019 Schedule A, organization did n	II, line 15	line 13, column	(f))	16			
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Invest. Investment income percentage from 202 Investment income percentage from 2	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The or	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif	line 13, column	(f))	16 17 18 33 1/3%, and lirion	. •		18 is
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage from 202 Investment income percentage from 2331/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colun 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	on line 14, and lies as a publicly son line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion more than 33 1, anization	. ► 3% an . ► 〔	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Investor Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the	ment Income 20 (line 10c, colun 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	on line 14, and lies as a publicly son line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion	. ▶ ⁄3% an . ▶ 〔 ↓	d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage from 202 Investment income percentage from 2331/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colun 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	on line 14, and lies as a publicly son line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion more than 33 1, anization	. ▶ ⁄3% an . ▶ 〔 ↓	d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage from 202 Investment income percentage from 2331/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion	. ▶ ⁄3% an . ▶ 〔 ↓	d line	
15 16 Se 17 18 19a	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage from 202 Investment income percentage from 2331/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifinot check a box The organization a box on line 14,	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion	. ▶ ⁄3% an . ▶ 〔 ↓	d line	
15 16 Se 17 18 19a b	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage from 202 Investment income percentage from 2331/3% support tests—2020. If the comore than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box	ment Income 20 (line 10c, colur 019 Schedule A, organization did n ctop here. The ore organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualifinot check a box The organization a box on line 14,	v line 13, column on line 14, and li ies as a publicly s on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and lir ion	. ▶ ⁄3% an . ▶ 〔 ↓	d line	
15 16 Se 17 18 19a b	Public support percentage from 2019 Sction D. Computation of Invests. Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and 3 3 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2020	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The or organization did and stop here. To on did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4	r line 13, column	(f))	16 17 18 33 1/3%, and lirition	. ► 3% an . ► (► or 99	o-EZ)	2020 lage 4
15 16 Se 17 18 19a b	Public support percentage from 2019 Sction D. Computation of Invests Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and screen and scre	ment Income 20 (line 10c, colun 019 Schedule A, organization did n organization did and stop here. The or or organization did and stop here. The on did not check a	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization a box on line 14, Page 4	r line 13, column	(f))	16 17 18 33 1/3%, and lir ion more than 33 1/ anization instructions e A (Form 990	. ► (3% an . ► (10 or 99)	o-EZ)	2020 Tage 4 ked
15 16 Se 17 18 19a b 20	Public support percentage from 2019 Section D. Computation of Invests Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the common of the support tests—2019. If the not more than 33 1/3%, check this box and support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o ctions A and C. If as A and D, and co	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization a box on line 14, Page 4	r line 13, column	(f))	16 17 18 33 1/3%, and lir ion more than 33 1/ anization instructions e A (Form 990	. ► (3% an . ► (10 or 99)	o-EZ)	2020 Tage 4 ked
15 16 Se 17 18 19a b 20	Public support percentage from 2019 Sction D. Computation of Invests Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and screen and scre	ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o ctions A and C. If as A and D, and co	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization a box on line 14, Page 4	r line 13, column	(f))	16 17 18 33 1/3%, and lir ion more than 33 1/ anization instructions e A (Form 990	. ► (3% an . ► (10 or 99)	o-EZ)	2020 Tage 4 ked
15 16 Se 17 18 19a b 20	Public support percentage from 2019 Sction D. Computation of Invests. Investment income percentage for 202. Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and 3 31/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section Computed Section A. All Supporting Organization Computed Section Supported ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o ctions A and C. If is A and D, and column ations	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box ganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you checked box omplete Part V.) ed by name in the	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is olicly supported organizet this box and see Schedul	16 17 18 33 1/3%, and lirition	. ► (3% an . ► (10 or 99)	od line O-EZ) P u checked box	2020 Tage 4 ked	
15 16 Se 17 18 19a b 20	Public support percentage from 2019 Sction D. Computation of Invests Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the common than 33 1/3%, check this box and screen and scre	ment Income 20 (line 10c, colun 20 (line 10c, colun 20 (schedule A, organization did n atop here. The ore a organization did and stop here. To on did not check a a box on line 12 o ctions A and C. If as A and D, and col ations organizations lists upported organizations	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you ch you checked box complete Part V.) ed by name in the	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is olicly supported organizet this box and see Schedul	16 17 18 33 1/3%, and lirition		od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the common than 33 1/3%, check this box and score than 33 1/3%, check this box and score than 33 1/3%, check this box and score than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 12b, of Part II b, of Part	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a a box on line 12 o ctions A and C. If is A and D, and co ations organizations liste upported organizat d continuing relations	II, line 15	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is slicly supported organizat sk this box and see Schedul of Part I, complete Somplete Sections A, and line 16 is sk this box and see	16 17 18 33 1/3%, and lir ion more than 33 1, anization instructions e A (Form 990) Sections A and B, D, and E. If you	. ► (3% an . ► (10 or 99)	od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a b 20	Ction D. Computation of Invests Investment income percentage from 2013 Investment income percent	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o ctions A and C. If is A and D, and co ations organizations liste upported organizat d continuing relat ed organization the	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you checked box omplete Part V.) ed by name in the tions are designationship, explain. That does not have	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is slicly supported organizet this box and see Schedul of Part I, complete 5 omplete Sections A, soverning document d by class or purpostation of status und	16 17 18 33 1/3%, and lirition		od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a 20 Schee Par	Public support percentage from 2019 Sction D. Computation of Investing Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the common than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section A. All Supporting Organization If "No," describe in Part VI how the states of the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part Mescribed in section 509(a)(1) or (2).	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o octions A and C. If is A and D, and co ations organizations liste upported organizat d continuing relat ed organization the cart VI how the organization	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you ch you checked box pemplete Part V.) ed by name in the titions are designationship, explain. nat does not have rganization deter	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is slicly supported organizat sk this box and see Schedul of Part I, complete Semplete Sections A, supported organization of status undupported organization.	16 17 18 33 1/3%, and lir ion more than 33 1, anization instructions e A (Form 990 Sections A and B, D, and E. If you ts? se, er section on was		od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a b 20 Schee Par	Ction D. Computation of Invests Investment income percentage from 2013 Investment income percent	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a box on line 12 o octions A and C. If is A and D, and co ations organizations liste upported organizat d continuing relat ed organization the cart VI how the organization	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you ch you checked box pemplete Part V.) ed by name in the titions are designationship, explain. nat does not have rganization deter	r line 13, column	ne 15 is more than supported organizat 19a, and line 16 is slicly supported organizat sk this box and see Schedul of Part I, complete Semplete Sections A, supported organization of status undupported organization.	16 17 18 33 1/3%, and lir ion more than 33 1, anization instructions e A (Form 990 Sections A and B, D, and E. If you ts? se, er section on was		od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a 20 Schee Par	Public support percentage from 2019 Sction D. Computation of Investination D. Investment income percentage from 2 331/3% support tests—2020. If the computation of the description of the organization of t	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a organization and column organizations liste is A and D, and column organizations liste inported organization the column are organization the column are organization the column are organization described organization described organization described organization described	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you ch you checked box complete Part V.) ed by name in the tions are designationship, explain. That does not have rganization deter cribed in section	r line 13, column	ne 15 is more than supported organization of status und upported organization of status und upported organization of status und upported organization (6)? If "Yes," answered that is more than the status und upported organization of status und upported organization (6)? If "Yes," answered that is more than the status und upported organization (6)? If "Yes," answered that is more than the status und upported organization (6)? If "Yes," answered organiza	17 18 33 1/3%, and lir ion more than 33 1, anization instructions e A (Form 990 Sections A and B, D, and E. If you ts? se, er section on was ver lines 3b and		od line O-EZ) P u checked box	2020 Tage 4 ked
15 16 Se 17 18 19a 5 b 20 Scheo	Public support percentage from 2019 Sction D. Computation of Investination D. Investment income percentage from 2 331/3% support tests—2020. If the composition of the describe of the describe in Part VI how the set of the organization of	ment Income 20 (line 10c, colun 019 Schedule A, organization did n stop here. The ore organization did and stop here. To on did not check a on did not check a organizations list a box on line 12 o octions A and C. If as A and D, and co ations organizations list upported organization the organization desc supported organi	Percentage mn (f) divided by Part III, line 17 . ot check the box rganization qualif not check a box The organization a box on line 14, Page 4 If Part I. If you ch you checked box complete Part V.) Page dyname in the stions are designation ship, explain. That does not have rganization deter cribed in section ization qualified to	e organization's gated. If designated that the standard section 501(c)(4), (5), or ander section 501	ine 15 is more than supported organizate 19a, and line 16 is solicly supported organizate this box and see Schedul of Part I, complete Somplete Sections A, solicly supported organization of status und supported organization (6)? If "Yes," answer (c)(4), (5), or (6) a	17 18 33 1/3%, and lir ion more than 33 1, anization instructions e A (Form 990 Sections A and B, D, and E. If you ts? se, er section on was ver lines 3b and and satisfied		od line O-EZ) P u checked box	2020 Tage 4 ked

Yes

No

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each of th	ajority of the organization's directors or trustees during the tax year also a rise organization's supported organization(s)? If "No," describe in Part VI hove going an in the same persons that controlled or managed t	v contr	ol or management of the	1		
Section D.	All Type III Supporting Organizations					<u>I</u>
					Yes	No
tax year, Form 990	rganization provide to each of its supported organizations, by the last day of (i) a written notice describing the type and amount of support provided during that was most recently filed as of the date of notification, and (iii) copies of is in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1		
2 Were any	of the organization's officers, directors, or trustees either (i) appointed or e	lactad	hy the supported	-	+	
organizat	ion(s) or (ii) serving on the governing body of a supported organization? If " ion maintained a close and continuous working relationship with the support	No," e	xplain in Part VI how the	2	—	
3 By reasor	of the relationship described in line 2 above, did the organization's support	ed ora	anizations have a significant		+	
voice in t	ne organization's investment policies and in directing the use of the organizate tax year? If "Yes," describe in Part VI the role the organization's supporte	tion's	ncome or assets at all times	3	+	
Section E.	Type III Functionally-Integrated Supporting Organizations					
1 Check the	box next to the method that the organization used to satisfy the Integral Po	art Tes	t during the year (see instruct	ions):		
a 🗌 Th	e organization satisfied the Activities Test. Complete line 2 below.					
b \bigcap Th	e organization is the parent of each of its supported organizations. Complete	e line	3 below.			
c _ Th	e organization supported a governmental entity. Describe in Part VI how yo	u sup	ported a government entity (see	instru	ctions)	
2 Activities	Test. Answer lines 2a and 2b below.				Yes	No
supported organiza responsiv	antially all of the organization's activities during the tax year directly further differential organization(s) to which the organization was responsive? If "Yes," then in tions and explain how these activities directly furthered their exempt purper to those supported organizations, and how the organization determined the transfer or the second support of the second suppo	Part \	/I identify those supported how the organization was			
	ally all of its activities.			2a	 	
of the org the organ	ctivities described in line 2a, above constitute activities that, but for the orgalanization's supported organization(s) would have been engaged in? If "Yes, ization's position that its supported organization(s) would have engaged in the ion's involvement.	" expla	in in Part VI the reasons for			
-				2b	-	
a Did the o	Supported Organizations. Answer lines 3a and 3b below. rganization have the power to regularly appoint or elect a majority of the off orted organizations? If "Yes" or "No", provide details in Part VI .	icers,	directors, or trustees of each of	3a	+	
	rganization exercise a substantial degree of direction over the policies, progr	ame a	ad activities of each of its	-	+	
	d organizations? If "Yes," describe in Part VI. the role played by the organiz			3b	1	
			Schedule A (Form 99		90-EZ)	202
	Page 6 ————					
,	m 990 or 990-EZ) 2020					Page
Part V Ty	pe III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
	eck here if the organization satisfied the Integral Part Test as a qualifying tru tructions. All other Type III non-functionally integrated supporting organiza			ıgń E.		
Section	A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	ar
1 Net short	-term capital gain	1				
2 Recoverie	es of prior-year distributions	2				
3 Other gro	ss income (see instructions)	3				
4 Add lines	1 through 3	4				
5 Depreciat	ion and depletion	5				
income o	operating expenses paid or incurred for production or collection of gross r for management, conservation, or maintenance of property held for n of income (see instructions)	6				
7 Other exp	penses (see instructions)	7				
8 Adjusted	Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	B - Minimum Asset Amount	1	(A) Prior Year		rent Yea ional)	ar
	e fair market value of all non-exempt-use assets (see instructions for short or assets held for part of year):	1				
a Average i	monthly value of securities	1a				
	monthly cash balances	1b				
c Fair mark	et value of other non-exempt-use assets	1c				
man			ī l			

1d

d Total (add lines 1a, 1b, and 1c)

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	Discount claimed for blockage or other factors (explain in detail in Part VI):					1
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		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, lin	ne 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, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-	integrat	ed Type III sup	porting	g organization (see
	,			Sched	lule A ((Form 990 or 990-EZ) 2020
		Page 7				
	dule A (Form 990 or 990-EZ) 2020					Page 7
	t V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organ	izations (co	munuec	
sec	tion D - Distributions				1	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (<i>prior IRS approval require</i>	d - provide details in Part VI	١		5	
			<u>'</u>		1	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 1	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whater details in Part VI). See instructions	ich the organization is respon	sive (<i>pr</i>	ovide	8	
9	Distributable amount for 2020 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations	(i)		(ii)		(iii)
	(see instructions)	(i) Excess Distributions	Un	derdistributio Pre-2020	ns	Distributable Amount for 2020
•	Nictributable amount for 2020 from Section C. line 6			110 2020		Amount for 2020
	Distributable amount for 2020 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in Part VI). ee instructions.					
	xcess distributions carryover, if any, to 2020:					
а	From 2015					
	From 2016					
	From 2017					
	From 2018					
	otal of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Carryover from 2015 not applied (see					

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years

	ent Research And Folicy C	Center - Full Filing - Nonprofit I	Explorer - ProPublica
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.	1		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
Schedule A (Form 990 or 990-EZ) 2020 Part VI Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b, and 11c	c; Part IV, Section B, lines 1 a	nd 2; Part IV, Section C, line 1;
Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	on E, lines 1c, 2a, 2b, 3a in E, lines 2, 5, and 6. Also	and 3b; Part V, line 1; Part V, o complete this part for any a	Section B, line 1e; Part V dditional information. (See
ilisti uctions).			`
,	acts And Circumstances	s Test	· ·
,	acts And Circumstances	s Test	· ·
,	acts And Circumstances	s Test Explanation	· ·
F	acts And Circumstances	Explanation	
F	acts And Circumstances	Explanation	e A (Form 990 or 990-EZ) 2020

efile Public Visual Rer	nder ObjectId: 202241319349303	019 - Submission: 2022-05-11		TIN: 05-0530668
Schedule B		dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach	n to Form 990, 990-EZ, or 990-PF. <u>s.gov/Form990</u> for the latest infor	mation.	2020
Name of the organization PennEnvironment Resear	า rch & Policy Center		Employer id	dentification number
Inc			05-0530668	
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number	r) organization		
	4947(a)(1) nonexempt ch	naritable trust not treated as a p	orivate foundation	
	☐ 527 political organization	1		
Form 990-PF	501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	ite foundation	
	☐ 501(c)(3) taxable private	foundation		
money or othe contributions. Special Rules For an organization and sections received from a 990, Part VIII, li For an organization during the year, purposes, or for a purpose, or for a purpose. Don't religious, charits Caution: An organization or on its Form 990-PF, but or on its Form 990-PF, F990-EZ, or 990-PF).	exition filing Form 990, 990-EZ, or 990 or property) from any one contributor. Intion described in section 501(c)(3) file 509(a)(1) and 170(b)(1)(A)(vi), that contributor, during the year, the section 501(c)(7), (and the prevention of section 501(c)(7), (and total contributions of more than \$1,000 or the prevention of cruelty to children the prevention of cruelty to children exclusively for religious exc	ling Form 990 or 990-EZ that methecked Schedule A (Form 990 otal contributions of the greater omplete Parts I and II. 8), or (10) filing Form 990 or 99000 exclusively for religious, character or animals. Complete Parts I, I 8), or (10) filing Form 990 or 990, charitable, etc., purposes, but that were received during the General Rule applies to this of 00 or more during the year. Rule and/or the Special Rules of 2, of its Form 990; or check the	net the 33 ¹ /3% support test of 990-EZ), Part II, line 13, of (1) \$5,000 or (2) 2% of the polyage of the polya	of the regulations 16a, or 16b, and that the amount on (i) Form by one contributor, or educational by one contributor, aled more than \$1,000. eligious, charitable, etc. ived nonexclusively tm 990, 990-EZ
For Paperwork Reduction for Form 990, 990-EZ, or 9		Cat. No. 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2020
		Page 2		
Schedule B (Form 990.	990-EZ, or 990-PF) (2020)			Page 2
Name of organization			Employer identific	

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
	•	Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2020)
Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page :
Name of org	anization ment Research & Policy Center	Employer identification	
(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (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) (or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash property given			(c) (or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash property given			(c) (or estimate) instructions)	(d) Date received
-				\$	
	L-	_		Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)
		Page 4 ————			
	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4
Name of or PennEnviro Inc	rganization Inment Research & Policy Center			05-0530668	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a) e total of exclusively religious, e instructions.) \$	through (e	e) and the follow	ring line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of gift			
-	Transferee's name, address, and		Relationsh	nip of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	rpose of gift (c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4		nip of transferor t	o transferee
(a)					

0/22/25, 6:47 AM	Pennenviron	ment Research	And Policy Center - Full Filir	ng - Nonprofit Explorer -	ProPublica
No. trom Part I	(¤) Purpose oτ gιπ		(c) Use of gift	(a) Descript	ion of now gift is neid
. =				_	
	Transferee's name, address, and		e) Transfer of gift Relatio	nship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descript	ion of how gift is held
- =	Transferee's name, address, and	ZIP 4	e) Transfer of gift Relatio	nship of transferor to	transferee
			Sch	edule B (Form 990, 9	990-EZ, or 990-PF) (2020)
Additional	Data				Return to Form

Software ID: 20011551 **Software Version:** 2020v4.0

ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668 OMB No. 1545-0047

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. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

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.

	ne of the organization Environment Research & Policy (Center		En	nployer identi	ification nun	ıber
Inc	zirir di inicia i nesodardir di i diley			05	-0530668		
Part	I-A Complete if the	organization is exen	npt under section 501(c) o	or is a section 5	527 organiza	ation.	
1	Provide a description of the "political campaign activities"		indirect political campaign activit	ties in Part IV (see	instructions for	definition of	
2	Political campaign activity	expenditures (see instructi	ons)		🕨 \$		
3	Volunteer hours for political	al campaign activities (see	instructions)				
Part	I-B Complete if the	organization is exen	npt under section 501(c)(3).			
1	Enter the amount of any ex	xcise tax incurred by the o	rganization under section 4955		🕨 \$		
2	Enter the amount of any ex	xcise tax incurred by orgar	nization managers under section	4955			
3	If the organization incurred	d a section 4955 tax, did it	file Form 4720 for this year? \dots			☐ Yes	✓ No
4a	Was a correction made?						
						☐ Yes	✓ No
b Part	If "Yes," describe in Part IV		npt under section 501(c),	excent section	501(c)(3)		
1			anization for section 527 exempt	•	. , , ,		
<u> </u>	,	ing organization's funds co	ntributed to other organizations	for section 527 exe	empt		
	function activities				📂 🌣		
3			2. Enter here and on Form 1120-				
3 4	Total exempt function expe	enditures. Add lines 1 and file Form 1120-POL for th	2. Enter here and on Form 1120-nis year?	POL, line 17b	> \$	☐ Yes	□ No
	Total exempt function expedition of the filing organization of the filing organization of the filing organization of the filing organization made payment of political contributions re	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification. For each organization ceived that were promptly	2. Enter here and on Form 1120-	POL, line 17b 27 political organizem the filing organizerate political organizerate	\$ ations to which	Yes the filing Also enter the	□ No amount
4 5	Total exempt function expedition of the filing organization of the filing organization of the filing organization of the filing organization made payment of political contributions re	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification. For each organization ceived that were promptly	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	\$ ations to which	Yes the filing Also enter the a separate se	amount egregated ount of outributions of promptly delivered te political n. If none,
4 5 (a) ↑	Total exempt function experience Did the filing organization of Enter the names, addresse organization made paymer of political contributions re fund or a political action co	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification in the form that. For each organization is ceived that were promptly symmittee (PAC). If addition	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	ations to which ation's funds. A zation, such as ount paid from organization's If none, enter	Yes The filing Also enter the a separate se (e) Am political correceived an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
4 5	Total exempt function experience Did the filing organization of Enter the names, addresse organization made paymer of political contributions re fund or a political action co	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification in the form that. For each organization is ceived that were promptly symmittee (PAC). If addition	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	ations to which ation's funds. A zation, such as ount paid from organization's If none, enter	Yes The filing Also enter the a separate se (e) Am political correceived an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
4 5 (a) ↑	Total exempt function experience Did the filing organization of Enter the names, addresse organization made paymer of political contributions re fund or a political action co	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification in the form that. For each organization is ceived that were promptly symmittee (PAC). If addition	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	ations to which ation's funds. A zation, such as ount paid from organization's If none, enter	Yes The filing Also enter the a separate se (e) Am political correceived an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
4 5 (a) r	Total exempt function experience Did the filing organization of Enter the names, addresse organization made paymer of political contributions re fund or a political action co	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification in the form that. For each organization is ceived that were promptly symmittee (PAC). If addition	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	ations to which ation's funds. A zation, such as ount paid from organization's If none, enter	Yes The filing Also enter the a separate se (e) Am political correceived an and directly to a separa organizatio	amount egregated ount of outributions of promptly delivered te political n. If none,
4 5 (a) N	Total exempt function experience Did the filing organization of Enter the names, addresse organization made paymer of political contributions re fund or a political action co	enditures. Add lines 1 and file Form 1120-POL for the sand employer identification in the form that. For each organization is ceived that were promptly symmittee (PAC). If addition	2. Enter here and on Form 1120- nis year?	27 political organizam the filing organizamation in Part IV.	ations to which ation's funds. A zation, such as ount paid from organization's If none, enter	Yes The filing Also enter the a separate se (e) Am political correceived an and directly to a separa organizatio	amount egregated ount of outributions of delivered te political n. If none,

Schedule C (Form 990 or 990-EZ) 2020

Page 2

	., _ 0, 0	36661011 301(11 <i>))</i> .		.,	g	Αρισισι	
A	Check			in Part IV each af	filiated group me	ember's name	, address, EIN,
ь	Ch a al c	expenses, and share of excess lobbying	· · · · · · · · · · · · · · · · · · ·				
В	Check	$ ightharpoonup$ if the filing organization checked box μ	A and "limited control" pr	ovisions apply.	(i	a) Filing	(b) Affiliated group
		Limits on Lobbying				anization's	totals
		(The term "expenditures" means	s amounts paid or incu	rred.)		totals	
1a	Total lo	obbying expenditures to influence public opinion	on (grass roots lobbying)				
b		obbying expenditures to influence a legislative	, , , , , , , , , , , , , , , , , , , ,				
С		obbying expenditures (add lines 1a and 1b)				642.220	
d e		exempt purpose expendituresexempt purpose expenditures (add lines 1c and				643,330 643,330	
		ng nontaxable amount. Enter the amount from	,			-	
•	column) (I)		121,500	
	If the	amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not ove	er \$500,000	20% of the amount on line 1	le.			
	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	xcess over \$500,000).		
	Over \$1	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	xcess over \$1,000,0	00.		
	Over \$1	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	0.		
	Over \$1	17,000,000	\$1,000,000.				
g		roots nontaxable amount (enter 25% of line 1f				30,375	
h i		act line 1g from line 1a. If zero or less, enter - act line 1f from line 1c. If zero or less, enter -0					
j		e is an amount other than zero on either line:			4720 reporting		
•		1 4911 tax for this year?					🗌 Yes 🔽 No
		columns below. See t	enditures During 4-			,	
		Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobby	ring nontaxable amount	156,650	166,034	130,715	121,5	500 574,899
b	Lobby (150%	ring ceiling amount % of line 2a, column(e))					862,349
С	Total	lobbying expenditures					
d	Grass	roots nontaxable amount	39,163	41,509	32,679	30,3	375 143,726
e		roots ceiling amount ⁄⁄o of line 2d, column (e))					215,589
f	Grass	roots lobbying expenditures					
				I	Schedule	C (Form 99	0 or 990-EZ) 2020
			Page 3 -				
Sch	edule C	(Form 990 or 990-EZ) 2020					Page 3
Pa	art II-			on 501(c)(3) a	ind has NOT f	iled	
		Form 5768 (election under sect				(a)	(b)
For acti		es" response on lines 1a through 1i below, pro	ovide in Part IV a detailed	description of the	e lobbying		
acti	vicy.					Yes No	Amount
1		ng the year, did the filing organization attempt ding any attempt to influence public opinion o					
а	Volur	nteers?					
b		staff or management (include compensation in)?		
c	Media	a advertisements?		-	•••		
d	Mailir	ngs to members, legislators, or the public? \dots					
e	Publi	cations, or published or broadcast statements	?			1	

0/22/	25, 6:47 AM	Pennenvironment Research And Policy Center - Full Filing - Nonprofit I	xplorer -	ProPublica		
-	·					
f	•	obbying purposes?				
g	,	eir staffs, government officials, or a legislative body?				
h	•	, conventions, speeches, lectures, or any similar means?				
i						
j						
2a		ne organization to be not described in section 501(c)(3)?				
b	· · · · · · · · · · · · · · · · · · ·	tax incurred under section 4912				
c		tax incurred by organization managers under section 4912				
d		a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the org	ganization is exempt under section 501(c)(4), section 501(c)(5), o	r section		
	Mana auhatantialla all (000)	and the second manufacture and the second se			Yes	No
1	, ,	re) dues received nondeductible by members?		1		—
2	,	-house lobbying expenditures of \$2,000 or less?		2		<u> </u>
3		y over lobbying and political expenditures from the prior year?ganization is exempt under section 501(c)(4), section 501(
1 2	· · · · / · · · · · · · · · · · · · · · · · · ·	nounts from members	1			
			2a			
a b			2b			
c	,		2c			
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	If notices were sent and the amounthe organization agree to carryove	ant on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political				
_	• •					
5	, , ,	olitical expenditures (see instructions)	5			
Pa	ert IV Supplemental Info	rmation				
		art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list , complete this part for any additional information.); Part II-	A, lines 1 a	nd 2 (se	e
	Return Reference	Explanation				
		Schedu	le C (For	m 990 or 9	90EZ)	2020

Additional Data Return to Form

Software ID: 20011551 **Software Version:** 2020v4.0

ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668 OMB No. 1545-0047

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** PennEnvironment Research & Policy Center 05-0530668 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Cat. No. 52283D

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

Schedule D (Form 990) 2020

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υ	2	α	Δ	

art		(Form 990) 2020									Page
	III	Organizations Maintaining Co							•		
3		the organization's acquisition, accessio (check all that apply):	n, and other records		ny of the	following	that are a	significant us	se of its coll	ection	
a		Public exhibition		d			nange prog				
b		Scholarly research		е	□ Ot	her .					
С		Preservation for future generations									
1	Provid Part X	le a description of the organization's collist.	lections and explain	n how they	further	the organ	ization's e	xempt purpos	se in		
5	During assets	g the year, did the organization solicit o s to be sold to raise funds rather than to	r receive donations be maintained as p	of art, his part of the	torical tre e organiza	easures or ation's col	other simection?.	nilar	Yes		lo
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		rm 990,	Part IV,	line 9, c	r reporte	d an amoun	nt on Form	990,	Part X,
la		organization an agent, trustee, custodi ed on Form 990, Part X?							☐ Yes		lo
b	If "Ye	s," explain the arrangement in Part XIII	and complete the f	ollowing t	able:			An	nount		_
c	Begin	ning balance					1c				_
d	Additi	ons during the year \ldots \ldots \ldots .					1d				_
е	Distrib	outions during the year					1e				_
f	Ending	g balance					1f				_
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	e 21, for e	scrow or	custodial	account li	ability?	☐ Yes		lo
b	If "Yes	s," explain the arrangement in Part XIII	. Check here if the e	explanatio	n has be	en provide	ed in Part	XIII			
Pa	rt V	Endowment Funds.		000	D . T.	l: 40					
		Complete if the organization answ	vered "Yes" on Fo (a) Current year		Part IV, ior year		years back	(d) Three year	rs hack (e)	Four vea	ırs hack
a I	Beginni	ing of year balance	(a) carrent year	(5) 11	ioi yeai	(c) iwo	years back	(u) Timee year	13 back (C)	rour yea	II 5 DUCK
	_	utions									
c I	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
		expenditures for facilities ograms									
f	Adminis	strative expenses									
g	End of	year balance									
<u>?</u> a		le the estimated percentage of the curr designated or quasi-endowment	ent year end balanc	e (line 1g	, column	(a)) held	as:				
b	Perma	anent endowment 🕨									
	Term	endowment 🕨									
C	The p	ercentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
С				:	are held	and admi	nistered fo	r the		V	N.
		ere endowment funds not in the posses	ssion of the organiza	ation that	are neia						
	organ	ization by:	ssion of the organiza	ation that	are neid				3a(i)	Yes	No
	organ (i) Ur	ization by: nrelated organizations		· · ·					. 3a(i)	res	NO
Ba	organ (i) Ur (ii) Re	ization by:	 						3a(i) 3a(ii) 3b	res	NO
Ba b	organ (i) Ur (ii) Ro If "Yes	ization by: nrelated organizations elated organizations		on Sched	· · ·				. 3a(ii)	res	NO
Ba b	organ (i) Ur (ii) Ro If "Yes	ization by: nrelated organizations		on Sched	· · · lule R? ·				3a(ii) 3b		NO
Ba b	organ (i) Ur (ii) Ro If "Yes Descri	ization by: Intelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	
Ba b	organ (i) Ur (ii) Ro If "Yes Descri	ization by: nrelated organizations	ns listed as required organization's endo	on Sched	 lule R? unds. Part IV,	line 11a	. See For		3a(ii) 3b		
b I Par	organ (i) Ur (ii) Ro If "Yes Descrit VI	ization by: Inrelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	
b I Par	organ (i) Ur (ii) Ri If "Yes Descript VI Land	ization by: Inrelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	
b 1 Par	organ (i) Ur (ii) Ro If "Yes Descript Descript Land Building	ization by: Inrelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	
b 4 Par	organ (i) Ur (ii) Ro If "Yes Descript VI Descript Land Building	ization by: Inrelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	
b 1 Par	organ (i) Ur (ii) Ro If "Yes Descript VI Descript Land Building Leaseho Equipm	ization by: Inrelated organizations	ns listed as required organization's endo	on Schedowment fu	 lule R? unds. Part IV,	line 11a	. See For	m 990, Part	3a(ii) 3b).	

----- Page 3 -----

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category	, Part IV, lin		Part X, line 12. od of valuation:
	(including name of security)	value		f-year market value
	al derivatives			
(2) Closely(3)Other	-held equity interests			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	266,705		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV, lin	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marke
(2)				value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Dart IV line	11d Coo Form 000 Por	+ V line 1E
	(a) Description	rait IV, iiile	e 11u. See Follii 990, Pai	(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Cali	umn (b) must equal Form 990, Part X, col.(B) line 15.)			•
				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11e or 11f.See Form	990, Part X, line 25.

/22/25, 6:47 AM Pe	ennenvironment Research And I	Olicy Certic	er - r dir r illing - rvoripi	ont Explorer - Fic	+
2)					-
3)					
4)					
5)					
6)					
7)					
8)					
9)					
رج.					
otal. (Column (b) must equal Form 990, Part X, col.(B) Liability for uncertain tax positions. In Part XI				<u> </u>	
rganization's liability for uncertain tax positions	under FIN 48 (ASC 740). Check Page 4	here if the	text of the footnote h		in Part XIII 🔽 (Form 990) 2020
chedule D (Form 990) 2020					Daga A
Part XI Reconciliation of Revenue				Return.	Page 4
Complete if the organization a Total revenue, gains, and other support pe				1	006.066
2 Amounts included on line 1 but not on For				-	806,266
Net unrealized gains (losses) on investment	•	2a		12	
b Donated services and use of facilities .		2b		12	
c Recoveries of prior year grants		2c			
d Other (Describe in Part XIII.)		. 2d			
e Add lines 2a through 2d				2e	12
Subtract line 2e from line 1				3	806,254
Amounts included on Form 990, Part VIII,					
a Investment expenses not included on Forn		4a			
b Other (Describe in Part XIII.)		4b		-	
c Add lines 4a and 4b				4c	
Total revenue. Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line	12.)		5	806,254
Part XII Reconciliation of Expenses Complete if the organization a				er Return.	
Total expenses and losses per audited fina				1	643,330
2 Amounts included on line 1 but not on For	m 990, Part IX, line 25:				
a Donated services and use of facilities .		2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		. 2d			
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	643,330
Amounts included on Form 990, Part IX, li	ne 25, but not on line 1:				
a Investment expenses not included on Form	n 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		. 4b			
c Add lines 4a and 4b				4c	
Total expenses. Add lines 3 and 4c. (This		e 18.) .		5	643,330
Provide the descriptions required for Part II, line		and 4. Dart	IV lines 1h and 2h D	art V ling 1. Dort	Y line 2: Dart VI
lines 2d and 4b; and Part XII, lines 2d and 4b.				uic v, iiiic 4, Falt	A, IIIIC Z, FAIT AI,
Return Reference			Explanation		
art X : FIN48 Footnote	The Organization is exc has no items of taxable				

Additional Data

Additional Data Return to Form

Software ID: 20011551 **Software Version:** 2020v4.0

Schedule I Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "very," on Farm 990, Part IV, line 21 or 22. **Post to several framework in the complete in the organization answered "very," on Farm 990, Part IV, line 21 or 22. **Post to several framework in the complete in the organization answered "very," on Farm 990, Part IV, line 21 or 22. **Post to several framework in the complete in the organization and Assistance	efile Public Visual Re	ender Obj	ectId: 2	0224131934930301	19 - Submission: 20	22-05-11				TIN: 05-0530668
Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Part I General Information on Grants and Assistance 1 Pose the organization maintain records to substantiate the amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, the grants or assistance, and the selection credit useft to amount of the grants or assistance, the grants or assistance, and the selection credit useft to amount of the grants or assistance, the grants of assistance, and the selection credit useft to amount of the grants or assistance, the grants of assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of the grants or assistance, and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft to amount of grants (and the selection credit useft). (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection credit useft) (b) Recommend (and the selection cre		full content	of this d	ocument, please sel	ect landscape mode	(11" x 8.5") whe	en printing.		I c	MB No. 1545-0047
Complete if the organization answered "Ves," on Form 990, Part IV, line 21 or 22. Part I General Information on Grants and Assistance 1 Part I General Information on Grants and Assistance 2 Part I General Information on Grants and Assistance 1 Part I General Information on Grants and Assistance 2 Part I General Information on Grants and Assistance 3 Part I General Information on Grants and Assistance 4 Part I General Information on Grants and State of General Information on Grants and State of General Information on Grants and State of General Information on Grants and State of General Information on Grants and State of General Information on Grants and State of General Information on Grants and State of General Information on General Information Inform	(Form 990)			Grants and O	ther Assistanc	e to Organiz	ations,			2020
Describe for the Notice of the Committee	(* 51111 55 5)									ZUZU
Figure Common C	Department of the		Co	mplete if the organizat			, line 21 or 22.			
Employer identification number Continue	Treasury			► Go to <u>www</u>			on.			
Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	lame of the organization	& Policy Center						'	•	ation number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ward the grants or assistance; and the selection criteria used to ward the grants or assistance; and the selection criteria used to ward the grants or assistance; and the selection criteria used to ward the grants or assistance; and provided in the line of provided selection in the line of grant funds in the United States. 1 The criteria and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient or organization of government organization and the selection of government organization or organization or government organization of (I) Microsoft organization organiz	nc			and Assistance				05-05	30668	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III described in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III described more than \$5,000. Part III on the duplicated if deditional space is needed. (a) Name and address of organization or government (b) EIN (c) IRC section or grant or organization answered (b) EIN (c) IRC section or grant or organization answered (b) EIN (c) IRC section or grant or organization or growth assistance (c) Name and address of organization or government (b) EIN (c) IRC section (g) Amount of cash grant (c) Amount of organization in the United States. (b) EIN (c) IRC section (g) Amount of cash grant (c) Amount of one organization in the United States (c) Amount of one organization in the United States (c) End of the Control of the Control of Control or assistance (c) Resources Council assistance (c) IRC section (g) Amount of organization in the United States (c) IRC section organization in the United States (c) IRC section (g) Amount of organization in the United States (c) IRC section (g) Amount of organization in the United States (c) IRC section (g) IRC					he grants or assistance, t	he grantees' eligibility	for the grants or assistance	e, and		
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of roash assistance (e) Amount of non-cash assistance (b) (b) EIN (b) EIN (c) IRC section (if applicable) (d) Amount of non-cash assistance (e)	the selection criteria	used to award t	he grants	or assistance?						✓ Yes ☐ No
that received more than \$5,000. Part II can be displicated if additional space is needed. (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cosh cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (1) PA Resources Council 23-6403971 501c3 12,500 0 0 Charitable, ducational 2824 W North Ave PRISburgh, PA 15233 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2 The total number of other organizations listed in the line 1 table. 2 The total number of other organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 4 The total number of other organizations listed in the line 1 table. 5 Cat. No. 500559 8 Schedule I (Form 990) 2020 Page 2 Checkedule I (Form 990) 2020 Page 2 Checkedule I (Form 990) 2020 Page 3 The total number of other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of cash grant (c) Amount of cash grant (c) Amount of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) Method of valuation (book, fifty) description of noncash assistance (e) M							rganization answered "Yes"	on Form 990 F	Part IV line	21 for any recipient
organization or government (if applicable) grant assistance (book, PMV, appraisal, other) or assistance or assista	that received	more than \$5,0	00. Part II	can be duplicated if addi	tional space is needed.					, , , ,
### Supplemental Information. Provide the information required in Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Expla	organization	of (b)	EIN	(c) IRC section (if applicable)		cash	(book, FMV, appraisal,	(g) Descri noncash as	ption of sistance	(h) Purpose of grant or assistance
The Enter total number of other organizations listed in the line 1 table. Cat. No. 50055P Schedule 1 (Form 990) 2020 Page 2 Checkulle 1 (Form 990) 2020 Page 2 Checkulle 1 (Form 990) 2020 Page 2 Checkulle 1 (Form 990) 2020 Page 3 Checkulle 1 (Form 990) 2020 Page 4 Checkulle 1 (Form 990) 2020 Page 5 Page 5 Page 6 Cat. No. 50055P Page 7 Page 8 Page 8 Page 8 Page 9 Page 10 P	828 W North Ave	23-6	403971	501c3	12,500	C)			Charitable,educational
The paper work Reduction Act Notice, see the Instructions for Form 990. 2020 Page 2 Page 2 Concluded I (Form 990) 2020 Page 1 III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance (b) Number of recipients (cash grant noncash assistance) (a) Type of grant or assistance (b) Number of recipients (cash grant noncash assistance) (b) Number of recipients (cash grant noncash assistance) (c) Amount of noncash assistance (mumber of recipients) (d) Amount of noncash assistance (mumber of FMV, appraisal, other) (f) Description of noncash assistance (mumber of FMV, appraisal, other) (h) Number of recipients (mumber of PMV, appraisal) (g) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation									<u>t </u>	
Page 2 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (e) PMV, appraisal, other) (1) (2) (3) (4) (5) (6) (7) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation We monitor through the use of grant agreements and working closely with grant recipients.									Sah	
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part III, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of recipients (cash grant) (c) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FM	or ruper work reduction he	t money see and	250. 000.0			CGC: 1101 30035			Je	audic 1 (1 01 550) 2020
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (PMV, appraisal, other) (f) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Number of recipients (a) Type of grant or assistance (b) Number of recipients (c) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (g) Description of noncash assistan				Page 2	2 ———					
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recipients cash grant noncash assistance FMV, appraisal, other) 1) 2) 3) 4) 5) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation Explanation We monitor through the use of grant agreements and working closely with grant recipients.			aditional s		(c) Amount of	(d) Amount of	(e) Method of valuation (h	ook. (f) [Description	of noncash assistance
2) 3) 4) 5) Fart IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Frantinaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.				recipients	cash grant	noncash assistance	FMV, appraisal, other)			
3) 4) 5) 6) 7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.	1)									
4) 5) For tiv Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grant agreements and working closely with grant recipients.	2)									
5) 6) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.	3)									
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.	(4)									
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.	5)									
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grants are Used We monitor through the use of grant agreements and working closely with grant recipients.	6)									
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Grantmaker's Description of How Grant agreements and working closely with grant recipients.	(7)									<u> </u>
Grantmaker's Description of How We monitor through the use of grant agreements and working closely with grant recipients.		nental Inforn	nation. F	Provide the information	n required in Part I, lir	ne 2; Part III, colum	I in (b); and any other add	ditional infor	mation.	
Grants are Used	Return Reference	Expl	anation							
Schedule I (Form 990) 2020		of How We m	onitor thr	ough the use of grant agr	eements and working clo	sely with grant recipie	nts.			
		ı							Schedu	le I (Form 990) 2020

Software ID: 20011551 Software Version: 2020v4.0 Return to Form

ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668 OMB No. 1545-0047

SCHEDULE 0 (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.

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

PennEnvironment Research & Policy Center

Employer identification number

05-0530668

	· · · · · · · · · · · · · · · · · · ·
Return Reference	Explanation
Form 990, Part VI, Line 8: Explanation of No Contemporane Documentatior of Meetings	
Form 990, Part VI, Line 11b: Form 990 Review Process	A draft of the Form 990 is sent to all board members prior to the return being finalized.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	To monitor and enforce compliance with the conflict of interest policy, the organization requires all officers, directors and individuals with substantial influence over the organization to complete an annual statement disclosing to the board any business, contractual or financial relationships the person has with other corporations. In addition, said persons have an ongoing obligation to disclose to the board any financial interest, direct or indirect, that the person would gain from any particular transaction, contract or policy under consideration by the organization. The board must address potential conflicts on a case-by-case basis, conflicted persons must abstain from the deliberation of the transaction, and corporate records must be maintained.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; or 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; or 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents were made available to the public, except for those that were included with the organization's Form 1023 application for exempt status, which are made available upon request as indicated in Line 18.
Part VII	All employees are paid by PennEnvironment, Inc., under a common paymaster arrangement, and some are shared by PennEnvironment Research and Policy Center, Inc., as well as other entities.
	Cot No. 5105617

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

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Software ID: 20011551

efile Public Visual Render ObjectId: 202241319349303019 - Submission: 2022-05-11

TIN: 05-0530668 OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
PennEnvironment Research & Policy Center
Inc Employer identification number 05-0530668

(a) Name, address, and EIN (if applicable) of disregarded entity	(b Primary	activity Legal dom	c) nicile (state	(d) Total inc) (e) come End-of-year		ssets Direct of	(f) controlling)
		or foreign	n country)				er	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax years.		ganization answered	d "Yes" on F	orm 990	, Part I\	/, line 34 be	ecause it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod	le section	Public cl	(e) harity status on 501(c)(3))	(f) Direct controlling entity	Sectio (13) c	(g) on 512(controllentity?
1)Arizona PIRG Education Fund Inc	Charitable, Educational	AZ	501c3		170(b)(1))(A) (iv)	NCPI	Yes	
335 W Warner Rd 101-464	Charleole, Educational	n.	30103		1,0(0)(1	/(□/ (I¥)			INO
Silbert, AZ 85233 35-2259362 (2)California PIRG Educaiton Fund Inc	Charitable, Educational	CA	501c3		170(b)(1))(A) (iv)	NCPI	+	No
111 H St 207	Charlebie, Educational	CA	30103		170(0)(1)(A) (IV)	NGF1		INO
Sacramento, CA 95814 77-0566513 (3)Center for Public Interest Research Inc	Charitable, Educational	MA	501c3		170(b)(1))(A) (iv)	NCPI	4	No
294 Washington St 500	Chantable, Educational	l la	30103		170(0)(1,)(A) (IV)	NCF1		140
ioston, MA 02108 14-2863170 4) Colorado Public Interest Research Fdtn	Charitable, Educational	CO	501c3		170(b)(1)	VA) (iv)	NCPI	_	No
543 Wazee St 330	Chantable, Educational		30103		170(0)(1,)(A) (IV)	NCF1		140
Jenver, CO 80202 '4-2313874 5) Environment Arizona Research & Policy Ct	Charitable, Educational	AZ	501c3		170(b)(1)	VA) (iv)	NCPI	4	No
50 W Baseline Rd 102-259	Charlesie, Educational	AZ	30103		170(0)(1)(A) (IV)	NCP1		INO
rlesa, AZ 85201 20-8056983 6) Environment California Research & PolCt	Charitable, Educational	CA	501c3		170(b)(1)	VA) (iv)	NCPI	4	No
435 Wilshire Blvd 385	Chantable, Educational	CA	30103		170(0)(1,)(A) (IV)	NCF1		140
os Angeles, CA 90010 i8-0531882 7)Environment Florida Research & Policy Ct	Charitable, Educational	FL	501c3		170(b)(1))(A) (iv)	NCPI	_	No
40 4th St North 236	chantasic, Ladeadona		50105		170(0)(1)	,(,,, (,,,			
it Petersburg, FL 33701 20-5308250 8)Environment Georgia Research & Policy Ct	Charitable, Educational	GA	501c3		170(b)(1))(A) (iv)	NCPI	_	No
O Box 5207	chantasic, Ladeadona	GA.	50105		170(0)(1)	,(,,, (,,,			
Atlanta, GA 31107 IG-1761755 (9)Environment Illinois Research & Educ Ct	Charitable, Educational	IL	501c3		170(b)(1))(A) (iv)	NCPI		No
17 N State St 1330	chantasic, Ladeadona		50105		170(0)(1)	,(,,, (,,,			
Chicago, IL 60602 56-2586486 (10)Environment Maryland Research & Pol Ctr	Charitable, Educational	MD	501c3		170(b)(1))(A) (iv)	NCPI	\perp	No
2209 Maryland Ave Suite D Baltimore, MD 21218						, (
11)Environment Massachusetts Res & Pol Ct	Charitable, Educational	MA	501c3		170(b)(1))(A) (iv)	NCPI	_	No
94 Washington St 500 Boston, MA 02108	, , , , , , , , , , , , , , , , , , , ,					, , , ,			
iostoii, ma 02106 0-8180181 12)Environment Michigan Research & Pol Ctr	Charitable, Educational	MI	501c3		170(b)(1))(A) (iv)	NCPI	+	No
531 Jackson Ave 303	, , , , , , , , , , , , , , , , , , , ,					, , , ,			
nn Arbor, MI 48103 2-1709879 13) Environment New Jersey Research & Pol Ct	Charitable, Educational	NJ	501c3		170(b)(1))(A) (iv)	NCPI	+	No
04 Bayard St 6th Floor					-(3/(1)	13 / ST/			
lew Brunswick, NJ 08901 0-5601076 14)Environment New Mexico Research & Pol Ct	Charitable, Educational	NM	501c3		170(b)(1))(A) (iv)	NCPI	+	No
001 Menaul Blvd NE 1028	,				- (-/(-)				
Nbuquerque, NM 87110 I3-4342665 (15)Environment North Carolina Res & Pol Ct	Charitable, Educational	NC	501c3		170(b)(1))(A) (iv)	NCPI		No
9 W Hargett St 405	and a control of the	1	1		(5)(1)		1		

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Kalleigin, NC 27001 42-1712369 (16)Environment Ohio Research & Pol Ctr	Charitable, Educational	ОН	501c3	170(b)(1)(A) (iv)	NCPI	No
605 N High St 640	Charlable, Educational	ОП	50105	170(b)(1)(A) (IV)	NCP1	No
Columbus, OH 43215 56-2616863						
(17)Environment Oregon Research & Pol Ctr 1536 SE 11th Avenue B	Charitable, Educational	OR	501c3	170(b)(1)(A) (iv)	NCPI	No
Portland, OR 97214 20-8786532						
(18)Environment Texas Research & Policy Ctr 200 E 30th Street	Charitable, Educational	TX	501c3	170(b)(1)(A) (iv)	NCPI	No
Austin, TX 78705						
56-2591697 (19)Environment Washington Research & Pol Ct	Charitable, Educational	WA	501c3	170(b)(1)(A) (iv)	NCPI	No
505 Broadway Ave E 129 Seattle, WA 98102						
20-8789898 (20)Fair Share Education Fund Inc	Charitable, Educational	MA	501c3	170(b)(1)(A) (iv)	NCPI	No
600 Pennsylvania Ave SE 400						
Washington, DC 20003 26-2533551			504.3	470(1)(4)(4)(4)	NON	
(21)Illinois PIRG Education Fund Inc 17 N State St 1330	Charitable, Educational	IL	501c3	170(b)(1)(A) (iv)	NCPI	No
Chicago, IL 60602 36-3848017						
(22)Maryland Public Interest Research Fdtn 2209 Maryland Ave Suite D	Charitable, Educational	MD	501c3	170(b)(1)(A) (iv)	NCPI	No
Baltimore, MD 21218						
52-1033638 (23)MA PIRG Education Fund Inc 294 Washington St 500	Charitable, Educational	MA	501c3	170(b)(1)(A) (iv)	NCPI	No
Boston, MA 02108						
04-2670284 (24)NC PIRG Education Fund Inc	Charitable, Educational	NC	501c3	170(b)(1)(A) (iv)	NCPI	No
19 W Hargett St 405						
Raleigh, NC 27601 56-2156521 (25)OSPIRG Foundation Inc	Charitable, Educational	OR	501c3	170/5//1//4/ (5.)	NCPI	No
1536 SE 11th Avenue Ste A	Charlable, Educational	OK	50105	170(b)(1)(A) (iv)	NCP1	No
Portland, OR 97214 93-1150763						
(26)PA PIRG Education Fund Inc 1713 S Broad St 54807	Charitable, Educational	PA	501c3	170(b)(1)(A) (iv)	NCPI	No
Philadelphia, PA 19148 23-2546295						
(27)Pesticide Watch Education Fund Inc 1111 H St 207	Charitable, Educational	CA	501c3	170(b)(1)(A) (iv)	NCPI	No
Sacramento, CA 95814						
95-4322048 (28)PIRG New Voters Project Inc	Charitable, Educational	MA	501c3	170(b)(1)(A) (iv)	NCPI	No
294 Washington St 500 Boston, MA 02108						
22-2505821 (29)Student Organizing Inc	Charitable, Educational	MA	501c3	170(b)(1)(A) (iv)	NCPI	No
294 Washington St 500						
Boston, MA 02108 26-2486476	Charitable Educational	TV	F01-2	170/6//1/(4) (5.4)	NCDI	N-
(30)Texas PIRG Education Fund Inc 200 E 30th Street	Charitable, Educational	IX	501c3	170(b)(1)(A) (iv)	NCPI	No
Austin, TX 78705 52-2422392						
(31)Green Corps Inc 1543 Wazee Street 300	Charitable Educational	PA	501c3	170(b)(1)(A) (iv)	NCPI	No
Denver, CO 80202 23-2687791						
(32)Toxics Action Center Inc 294 Washington St 500	Charitable, Educational	MA	501c3	170(b)(1)(A) (iv)	NCPI	No
Boston, MA 02108						
04-3211693 (33)WA PIRG Washpirg Fdtn Inc	Charitable, Educational	WA	501c3	170(b)(1)(A) (iv)	NCPI	No
505 Broadway Ave E 129 Seattle, WA 98102						
91-1168245 (34)Wisconsin Environment Research & Pol Ctr	Charitable, Educational	WI	501c3	170(b)(1)(A) (iv)	NCPI	No
PO Box 1525						
Madison, WI 53701 20-8727808			504.3	470(1)(4)(4)(1)	NON	
(35)WISPIRG Foundation Inc PO Box 1525	Charitable, Educational	WI	501c3	170(b)(1)(A) (iv)	NCPI	No
Madison, WI 53701 39-1926253						
(36)Bold Education Fund Inc 208 S Burlington Ave 103	Charitable Educational	NE	501c3	170(b)(1)(A) (iv)	NCPI	No
Hastings, NE 68901 45-5369198						
(37)Environment America Research & Policy Center 1543 Wazee St	Charitable, Educational	СО	501c3	170(b)(1)(A) (iv)	NCPI	No
Denver, CO 80202						
13-4339865 (38)Environmental Action Research	Charitable, Educational	CO	501c3	170(b)(1)(A) (iv)	NCPI	No
Čenter Inc 1543 Wazee St 400 Denver, CO 80202						
de-5151443 (39)United States PIRG Education	Charitable, Educational	DC	501c3	170(b)(1)(A) (iv)	NCPI	No
Fund Inc 1543 Wazee St 460	chantable, Educational	50	55155	2, 0(0)(1)(0)		
Denver, CO 80202 52-1384240						

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For Paperwork Reduction Act Notice, see the Inst	ructions f	or Form 990).		Ca	at. No. 5	50135Y		•		:	Sched	ule R (Fo	orm 9	990) 2	020
		— Page 2														
		— Раде 2														
Schedule R (Form 990) 2020																ge 2
Part III Identification of Related Organizations tree						ie orga	nization	answered '	"Yes" on	Form 9	990, Part I	/, line	34, bec	ause	it ha	d
(a)		(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	ını	(j)			(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile	Direct controlling	Predon income(related,	Share of total	end-of-	Disprop	ortionate ations?	Code V-l	in	General of managin	ıg		entage nership
			(state or foreign	entity	unrel excluded	from tax	income	year assets			box 20 Schedule	K-1	partner	?		
			country)		under s 512-						(Form 10					
					-				Yes	No		_	Yes	No	-	
					-							_	+		-	
												_	+		-	
Part IV Identification of Related Organization									nswered	l "Yes"	on Form 9	90, Pa	art IV, lir	ne 34		
because it had one or more related o	rganizatio		as a corp		rust duri		-		1							
(a) Name, address, and EIN of related organization	Pri	(b) mary activity		(c) Legal domicile		Direct of	(d) controlling ntity	(e) Type of entity (C corp, S corp		of total	(g) Share of end- year	of-	(h) Percentago ownership		Sectio	(i) n 512(b ontrolle
related organization				(state or fore country)	ign		ilitity	or trust)	, IIICO	ille	assets		OWNERSHIP	,	en	tity?
(1)Natl Center for the Public	Charitable	education		MA		NA		C Corp							Yes	No No
Interest 294 Washington																
St Boston, MA 02108																
						-						_				+-
						-										_
																+
											:	Sched	ule R (Fo	orm 9	990) 2	020
		— Page 3														
Schedule R (Form 990) 2020															Pa	ge 3
Part V Transactions With Related Organ	izations.	Complete i	f the orga	anization an	swered '	Yes" o	n Form 9	990, Part IV	/, line 34	, 35b, d	or 36.					
Note. Complete line 1 if any entity is listed in Pa	rts II, III,	or IV of this s	schedule.												Yes	No
1 During the tax year, did the orgranization engage in	any of the	following tra	ansactions	with one or n	nore relat	ed orga	nizations	listed in Part	s II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalti														1a		No
b Gift, grant, or capital contribution to related org	-											•		1b 1c		No No
c Gift, grant, or capital contribution from related ord Loans or loan guarantees to or for related organ	-											•	1	1d		No
e Loans or loan guarantees by related organization												•		1e		No
\boldsymbol{f} $$ Dividends from related organization(s) $$. $$.														1 f		No
g Sale of assets to related organization(s)														1g 1h		No
h Purchase of assets from related organization(s)i Exchange of assets with related organization(s)											•			1i		No
j Lease of facilities, equipment, or other assets to							· · ·		· · ·	· · ·	·			1j		No
			•	-	•		-	-	•	•	•			Ħ		
${f k}$ Lease of facilities, equipment, or other assets from		-												1k		No
l Performance of services or membership or fundra	-		_										•	11		No
m Performance of services or membership or fundr														1m 1n	Yes	No
 n Sharing of facilities, equipment, mailing lists, or o Sharing of paid employees with related organiza 			-											10		No
										•				H		
p Reimbursement paid to related organization(s) f	or expense	s												1р		No
q Reimbursement paid by related organization(s)	for expense	es												1q	Yes	
• Other transfer of cook and a second	onia-ti.													1r		No
r Other transfer of cash or property to related org.s Other transfer of cash or property from related org.												•		1s		No

Schedule R (Form 990) 2020 Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e (a) Name, address, and EIN of entity	s a Partne	through w r certain inv (c) Legal domicile (state or	hich the organ	ization cor		(b) Transactiv type (a-	on A	(c) mount involve	ed	Method of de	(d) termining a		nvolved
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						Scho	adule R (
Part VI Unrelated Organizations Taxable as rovide the following information for each entity taxed as a vas not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						Scho	adule R (
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						Scho	adule R (
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						Scho	adule R (
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						Scho	adule R (
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Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor						SCII			100) 2020
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	s a Partne partnership exclusion for (b) Primary	ership. Co o through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor								'LOLIII A	90) 2020
Part VI Unrelated Organizations Taxable as Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	partnership exclusion for (b) Primary	through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor									
Provide the following information for each entity taxed as a was not a related organization. See instructions regarding e	partnership exclusion for (b) Primary	through w r certain inv (c) Legal domicile (state or	hich the organ estment partn	ization cor									Page 4
vas not a related organization. See instructions regarding e (a)	(b) Primary	(c) Legal domicile (state or	estment partn								ssets or c	iross rev	venue) that
(a) Name, address, and EIN of entity	Primary	Legal domicile (state or	(d)										
	delivity	(state or	Predominant income	Are all	(e) partners ction	(f) Share of total	(g) Share of end-of-year	(h Dispropr allocat	tionate	(i) Code V-UBI amount in	(j Gener mana	ral or	(k) Percentage ownership
		foreign unrelated, organizations?						dilocat	101131	box 20 of Schedule	partr	ner?	OWNERSHIP
		country)	excluded from tax under							K-1 (Form 1065)			
			sections 512- 514)	Yes	No			Yes	No	-	Yes	No	-
								<u> </u>			<u></u>		
												<u> </u>	
								 			 		
								<u> </u>			<u> </u>		
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								<u> </u>					
										Scho	edule R ((Form 9	90) 2020
		Page 5 —											
Schedule R (Form 990) 2020 Part VII Supplemental Information													Page 5
Provide additional information for response	es to questio	ons on Sche	edule R. See in	structions.									
Return Reference					E	xplanation	1						
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											Schedu	le R (For	m 990) 2020
Additional Data											Schedu	le R (For	m 990) 202

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