## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

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

Internal Revenue Service

▶ 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.

Open to Public Inspection

A	For the	2021 calend	dar year, or tax year beginning ${ m Jul} \ 1$ , 2021, and endi	ng Ju	n 30	<b>, 20</b> 22					
B	Check if	applicable:	C Name of organization Oil Change International, Inc.		D Empl	oyer identification number					
	Address	change	Doing business as		20-3	272355					
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepi	hone number					
	Initial retu	itial return 714 G Street, SE 202 (202) 518-9029									
	Final retui	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amended	d return	G Gross	recelpts \$5, 655, <u>2</u> 95.							
	Application	on pending	F Name and address of principal officer:	H(a) Is this a gro	nb termu (i	or subordinates? 🗌 Yes 🗵 No					
			Elizabeth Bast, 714 G Street, SE, #202, Washington, DC 20	1003 <b>H(b)</b> Are all su	bordinat	es included? 🗌 Yes 🔲 No					
i	Тах-ехеп	npt status;	X 501(c)(3)	If "No," a	ttach a li	st. See instructions.					
J	Website:	www.p	riceofoil.org	H(c) Group ex	emption	number <b>&gt;</b>					
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2005	M State	of legal domicile: DC					
P	art I	Summa	ry								
	1	Briefly des	cribe the organization's mission or most significant activities: ${ t To}$ ${ t C}$	onduct ongo	ina 1	oublic education					
8			earch regarding the environmental, human rights,								
Governance			associated with the production and consumpti								
ē			box ► ☐ if the organization discontinued its operations or dispose								
õ			voting members of the governing body (Part VI, line 1a)	65 TANKS TO SEE THE SECOND TO SECOND	3	13					
æ			independent voting members of the governing body (Part VI, line 1)		4	13					
es			per of individuals employed in calendar year 2021 (Part V, line 2a)		5	13					
ž			per of volunteers (estimate if necessary)		6	0					
Activities			ated business revenue from Part VIII, column (C), line 12		7a	0,					
•			ted business taxable income from Form 990-T, Part I, line 11		7b	0.					
Revenue	-	i iot amora	tod business taxable mostric month of misses 1,1 april 1041 1,53	Prior Year		Current Year					
	8	Contributio	728.	5,644,340.							
			120.	J, 044, 340.							
Š			ervice revenue (Part VIII, line 2g)		156.	3 5 0					
æ	ł.		nue (Part VIII, column (A), lines 3, 4, and 7d)			158.					
	1				182.	10,797.					
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,347,		5,655,295.					
			I similar amounts paid (Part IX, column (A), lines 1–3)	91,	496.	95,111.					
			aid to or for members (Part IX, column (A), line 4)								
es			her compensation, employee benefits (Part IX, column (A), lines 5-10)	1,475,	419.	1,636,591.					
Expenses	1		al fundralsing fees (Part IX, column (A), line 11e)		er anderson						
Š.	1		raising expenses (Part IX, column (D), line 25) ► 138, 682.		a i de misse per						
ш	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,785,		2,216,163.					
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,352,		3,947,865.					
	4	Revenue le	ess expenses. Subtract line 18 from line 12	<del>'</del>	788.	1,707,430.					
Net Assets or Fund Balances				Beginning of Curre		End of Year					
Sset	20		s (Part X, line 16)	2,022,		3,725,119.					
a k	21		ties (Part X, line 26)		699.	60,363.					
			or fund balances, Subtract line 21 from line 20	1,957,	326.	3,664,756.					
P	art II	Signatu	re Block								
			I declare that I have examined this return, including accompanying schedules and sta			my knowledge and belief, it is					
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepa	rer nas any knowled	g <del>o</del> .						
				01,	/20/2	023					
Siç	-	Signatu	ure of officer	Date							
He	ere		zabeth Bast, Executive Director								
		* ************************************	r print name and title								
Pa	 id	<b>I</b>			Check [	If PTIN					
	eparei	Dougla	s S. Corey, CPA	04/26/2023	self-emp	P00635040					
	e Only		ne ▶ Douglas Corey & Associates, PC	Firm's	EIN ► !	54-1650356					
US	e OIII)	Firm's add	ress ► 10201 Fairfax Blvd, Suite 480, Fairfax, VF								
Ma	y the IR		his return with the preparer shown above? See instructions			. ⊠Yes □No					

Part		$\Box$
	Check if Schedule O contains a response or note to any line in this Part III	Щ
1	Briefly describe the organization's mission:	
	To conduct ongoing public education	
	and research regarding the environmental, human rights, economic, and national securi	<u>с</u> У.
	impacts associated with the production and consumption of fossil fuels.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	lo.
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,923,957. including grants of \$ 0.) (Revenue \$ 0.)	
	<u> Global Campaigns - Educate the public regarding public institution support for the foss</u>	
	fuel industry. Research extent of public finance and subsidies for energy. Educate the publ	
	regarding changes in international energy policy and the impacts of fossil fuel development. Research th	
	impacts of policy developments on the production and expansion of fossil fuels. Resear	
	and analyze fossil fuel industry economics and impacts on the environment, development, a	ui <u>q</u>
	energy security. Educate the public and the investor community about the environmental a social impacts of the fossil fuel industry. (Public finance, Global policy, Global industry	mu
4b	(Code: ) (Expenses \$ 749,119. including grants of \$ 0.) (Revenue \$ 0.)	
4b	International programs - Educate the public regarding the impacts on fossil fuel	
4b	International programs - Educate the public regarding the impacts on fossil fuel development in regions outside the United States, specifically Asia and Africa,	
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4c	International programs — Educate the public regarding the impacts on fossil fuel development in regions outside the United States, specifically Asia and Africa, with an emphasis on oil and gas expansion and infrastructure. Educate the public regarding public policy around fossil fuels and public finance for fossil fuels and promote awareness about the impacts of fossil fuel on our society. (Asia and Africa)  (Code: )(Expenses \$ 492,753.including grants of \$ 0.)(Revenue \$ 0.)  United States — Educate the public regarding the impacts on fossil fuel development in the United States, with an emphasis on oil and gas industry expansion and oil and gas infrastructure. Educate the public about the fossil fuel industry's influence on policy making. Educate the public regarding domestic fossil fuel subsidies and promote awareness about the impacts of fossil fuel on our society. (US)	

Part I	V 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	×					
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to							
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×				
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)							
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1474						
	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		×				
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		×				
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		×				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III	8		×				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1						
	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		×				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١.,				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.							
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1000					
а	complete Schedule D, Part VI	11a	×					
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIIa	^	├─-				
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×				
_	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110	-	<del>  ^</del> -				
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		<del>  ^</del> -				
ų.	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×				
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	×					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII	12a	×					
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If							
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×					
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	×	ļ				
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? If "Yes," complete Schedule F, Parts II and IV							
40		15	×					
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						
4 47	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on	10		×				
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	47						
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×				
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<del>                                     </del>	×				
13	If "Yes," complete Schedule G, Part III							
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	$\vdash$	×				
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>  ^`</del>				
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	×					

Part I	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	്ര		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year.	24b	1000	- S
С	to defease any tax-exempt bonds?	24c		
d or-	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? If "Yes," complete Schedule L, Part I	25a		×
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	051		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		×
	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	***************************************	×
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? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>×</u> _
C	"Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	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		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part '		·		
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 26			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
v	reportable gaming (gambling) winnings to prize winners?	1c	3014, 301	4000VA N

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No					
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 this return	<b>2a</b> 13								
b										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.									
4a										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b										
<b></b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5a 5b		×					
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	trangaotion;	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	0. and <b>did the</b>	-							
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or								
	gifts were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods								
	and services provided to the payor?		7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was								
	required to file Form 8282?		7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e 7f		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .									
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-07	7h	1000 CO						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m sponsoring organization have excess business holdings at any time during the year?	airttained by the	8							
			0	leter of restrict						
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a							
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b	,	<u> </u>					
10	Section 501(c)(7) organizations. Enter:				0.000					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b								
11	Section 501(c)(12) organizations. Enter:		**************************************							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		ļ					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40							
a	Is the organization licensed to issue qualified health plans in more than one state?		13a							
la.	Note: See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which	9 O. 								
b	the organization is licensed to issue qualified health plans	13b								
_	Enter the amount of reserves on hand	130								
c 14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	egatide stelle	×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b		<del>                                     </del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				<b>-</b>					
	excess parachute payment(s) during the year?		15		×					
	If "Yes," see the instructions and file Form 4720, Schedule N.		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		×					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operato									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953	?	17	************	<u> </u>					
	If "Yes," complete Form 6069.									

Form 990 (2021) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 × 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body? × 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a × b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b × 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a × 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × × 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- □ Upon request □ Other (explain on Schedule O) Another's website N Own website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 Elizabeth Bast, 714 G Street, SE, #202, Washington, DC 20003 (202)641-7203

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no				atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.	
(A) Name and title	(B)  Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee or clire in institut						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable  compensation  from related  organizations (W-2/	organization and	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1) Thomas Cavanagh	1.00			333							
Director		×		X				0.	0.	0.	
(2) Jonathan Kaufman Director	1.00	×		- 3		i i		0.	0.	0.	
(3) John Durkalskí Director	1.00	×		×				0.	0.	0.	
(4) Niranjali Amerasinghe Director	1.00	×						0.	0.	0.	
(5) Leslie Harroun Vice Chair	1.00	x		×				0.	0.	0.	
(6) Renato Redentor Constantino Director	1.00	×						0.	0.	0,	
(7) Rebecca Solnit Director	1.00	×						0.	0.	0.	
(8) Elizabeth Bast Executive Director	36.00			×		×		119,326.	0.	33,386.	
(9) Nnimmo Bassey Director	1.00	×						0.	0.	0.	
(10) Melissa Mills Secretary	1.00	×		×				0.	0.	0.	
(11) Analia Penchaszadeh Treasurer	1.00	×						0.	0.	0.	
(12) Pallavi Phartiyal Director	1.00	×						0.	0.	0.	
(13) Sandra Smithey Chair	1.00	×		×				0.	0.	0.	
(14)											

Part	VI Section A. Officers, Directors, 1	rustees, l	Key I	m	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continue
					,	C)						
	(A)	(B)		- 4 - 1-		ition			(D)	(E)	}	(F)
	Name and title	Average					than o		Reportable	Report		Estimated amour
		hours					or/trust		compensation	compen		of other
		per week	9 5	ੜ	Q	7	œΙ	ת	from the organization (W-2/	from re		compensation from the
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-N		organization and
		related	8 C	l Bi	벽		yer c	4	1099-NEC)	1099-1		related organization
		organizations	9 #			ğ	l a				ė.	74/2
		below	E	复		8	Ę				.wWW.	
		dotted line)	%	ğ			g	1	1		4496999 4 769	
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(15)											u 700	
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(16)			<u> </u>								750	
7797		+	1								y 1945 Caracayasan	
						-		-	1000 N	9500s	***************************************	
(17)		<b></b>	1	1						•	\$	
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(18)		1	]									
		l										<u></u>
(19)												
J		1	1									
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(21)		ļ	1									
			ļ		ļ	ļ		<u> </u>				
(22)			]				180		194,5404 144			
						2000	1000					
(23)					(8)	(See No.		100				
32	,,		1 े							ļ		
(24)			<u> </u>	1	Siste	100	Linna Ci	t				
1241		+	1 .66	Village.				1				1
(0=)		<del> </del>						-				-
(25)		<b>-</b>			V.		1					
		1 200	ida T	1000			ļ	Ļ_		ļ		
1b	Subtotal								119,326.		0.	33,38
C	Total from continuation sheets to Part	VII, Section	n A									
d	Total (add lines 1b and 1c)							$\triangleright$	119,326.		0.	33,38
2	Total number of individuals (including bu	t not limited	d to th	1086	e lis	ted	above	e) w	ho received mor	e than \$1	100,000	of
	reportable compensation from the organ		19.65				2	•				
	<u> </u>	942 1950. Taraga										Yes N
_	Did the exemization list any former	afficar dir	natar	+	ıata	<u>م</u> ا	·~· ^	mn	lovoo or higher	ot comp	onantoo	
3	Did the organization list any former							-	•	· ·	ensated	1 1 1
	employee on line 1a? If "Yes," complete									• • •		3
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$	150,	,000	)? [	f "Ye	s, "	complete Sche	dule J fo	or such	1
	individual	e e e										4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	ur /	related organiza	tion or in	dividua	1
	for services rendered to the organization											5
Saati	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·			
	Complete this table for your five high	hoot comp	ancat	~d	ind	000	ndont		entractore that	racalvad	more	than \$100,000
1	compensation from the organization. Rep											
	compensation from the organization. Rep	ou comper	isalio	110		e Ca	lenua	ı ye	ar ending with or	WILLIAM	ie orgai	
	(A)								(B)			(C)
	Name and business add	dress							Description of ser	vices		Compensation
****												
								T				
								<del>                                     </del>				
	Total number of independent senter-in	vo lingle elt	na L.	ı <b>4</b> ~	- ·	line!	10d 1		non lintad -l	(a)h.	***************************************	
2	Total number of independent contractor							, tr	iose listed abov	e) wno		
	received more than \$100,000 of compens	sation from	tne or	gan	ıızat	ion	•				1	

Part	VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
		CHECK II OCHECICIE	0 001	nans a re	орога	se or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
S S	1a	Federated campaigr	าร .	, , ,	1a								
ons, Gifts, Grants, Similar Amounts	b	Membership dues			1b								
တ် ရို	c	Fundraising events			1c				A.				
r.A	d	Related organization			1d								
ig gi	е	Government grants	(cont	ributions)	1e								
Sir.	f	All other contribution							100	(4)			
e ii		and similar amounts no			1f	5,644,340.				[/] N			
년 원	g	Noncash contribution						Section 2					
Contributions, Gifts, Grants, and Other Similar Amounts		lines 1a-1f			1g		J	7.3		100			
O G	<u>h</u>	Total. Add lines 1a-	-1f .				5,644,340.						
o l	٥					Business Code		*					
Program Service Revenue	2a							7688					
Ser	b												
gram Ser Revenue	c d	~~~~~											
Re	e												
<u>o</u>	f	All other program se					.83.						
<u>"  </u>	g	Total. Add lines 2a-				▶							
	3	Investment Income	(incl	uding divi	dends	s, interest, and							
		other similar amoun					158.	0.	0.	158.			
	4	Income from investr	nent d	of tax-exen	npt bo	nd proceeds 🟲							
	5	Royalties		· · ·									
:				(i) Rea	ıl	(ii) Personal							
	6a	Gross rents	6a				<b>_</b>						
	b	Less: rental expenses				Vardaya.							
	С	Rental income or (loss)		<u> </u>									
	d	Net rental income o	r (los:	r'									
	7a	Gross amount from		(i) Securi	ties	(ii) Other	1//						
		sales of assets other than inventory			W.								
	h	Less: cost or other basis	7a		(986) s -								
une	15	and sales expenses .	7b	40000									
.ver	С	·	7c	10000									
Other Reve	d	Net gain or (loss)		1		<b>&gt;</b>							
je	8a	Gross income fro			1 100								
₹	- Ou	events (not including											
		of contributions re	porte					Para di Carante					
		1c). See Part IV, line	e 18		8a								
	b	Less: direct expens	es .		8b								
	C	Net income or (loss			ng eve	ents 🕨							
	9a	Gross income i											
		activities. See Part	995A.	6000	9a		_						
	b	Less: direct expens			9b								
	С	Net income or (loss			ctivitie	es ▶							
	10a	Gross sales of li returns and allowan		ory, less	100								
	<b>.</b>	Less: cost of goods			10a		$\dashv$						
	G C	Net income or (loss											
	С	Mac moonie or (loss	, 11011	i Juica VIII	1401111	Business Code							
Snc	110	Reimbursement	Q			999999	5,609.	5,609.	0,	0.			
Je Je	11a b	Other income				999999	5,188.	5,188.	0.	0.			
Miscellaneous Revenue	C	JUIGE THOME					1						
Re Re	d	All other revenue							,				
Σ	e	Total. Add lines 11	a11c	1		>	10,797.						
	12	Total revenue Sec					5, 655, 295.	10,797.	0.	158.			

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	olete all columns. All	other organizations	must complete colu	ımn (A).							
	Check if Schedule O contains a response	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	31,500.	31,500.		<b>A</b>							
2	Grants and other assistance to domestic individuals. See Part IV, line 22											
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	63,611.	63,611.									
5	Compensation of current officers, directors, trustees, and key employees	119,326.	89,494.	29,832.	0.							
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	997,233.	910,316.	70,828.	16,089.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	426,960.	376,365.	43,948.	6,647.							
10	Payroll taxes	93,072.	83,882.	7,700.	1,490.							
11	Fees for services (nonemployees);		49		_							
a	Management											
b	Legal											
C	Accounting	79,587.	<b>9</b> ,660.	69,927.	0.							
d	Lobbying				_							
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	1,630,396.	1,188,886.	332,547.	108,963.							
12	Advertising and promotion	8,319.	5,183.	298.	2,838.							
13	Office expenses	62,135.	48,139.	13,801.	195.							
14	Information technology											
15	Royalties											
16	Occupancy , , , , .	105,198.	84,642.	18,292.	2,264.							
17	Travel	137,878.	104,654.	33,224.	0.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
	and the second of the second o											
19	Conferences, conventions, and meetings .				_							
20	Interest											
21 22	Payments to affiliates	4,242.		4 242								
23	Depreciation, depletion, and amortization .	2,445.	0.	4,242.	0,							
24	Insurance	2,445.	0.	2,445.	0.							
24	above. (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A), amount, list line 24e expenses on Schedule O.)											
а	Research materials	90,359.	90,359.	0.	0.							
b	Telecom/internet	53,492.	43,310.	10,182.	0.							
C	Periodicals and subscriptions	22,282.	21,931.	351.	0.							
d	Payroll processing	12,393.	10,711.	1,486.	196,							
е	All other expenses	7,437.	3,186.	4,251.	0.							
25	Total functional expenses. Add lines 1 through 24e	3,947,865.	3,165,829.	643,354.	138,682.							
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)		,,,		220/0021							

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing , . , . , . , . , . , . , . , . , . ,	1,396,426.	1	1,613,197.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	602,641.	3	2,074,924.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			The second secon
	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
<u>بر</u> و	Notes and loans receivable, net		- <b>7</b>	
Assets	Inventories for sale or use		8	
8   P	Prepaid expenses and deferred charges	3,006.	9	9,223,
10a		.,,		
'**	basis. Complete Part VI of Schedule D   10a   72,106.			
l k		11,257.	10c	19,375.
11	Investments—publicly traded securities		11	13,073.
12	Investments – other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,695.	15	8,400.
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,022,025.	16	3,725,119.
17	Accounts payable and accrued expenses	64,699.	17	60,363.
18	Grants payable	00,000.		
19	Deferred revenue	18 19		
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
100	Loans and other payables to any current or former officer, director,		41	
عَ الْجِ	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u></u>	controlled entity or family member of any of these persons		22	
Liabilities 8			23	
24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0,	24	
25	Other liabilities (including federal income tax, payables to related third	· · · · · · · · · · · · · · · · · · ·	24	
20	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D ,	0.	25	_
26	Total liabilities. Add lines 17 through 25	64,699.	26	0,
	Organizations that follow FASB ASC 958, check here ► 🔀	04,099.	20	60,363.
<u> </u>	and complete lines 27, 28, 32, and 33.			
<u>E</u> 27	Net assets without donor restrictions	02 000	27	1 215 025
丽   21 四   28	Net assets with donor restrictions ,	-92,898.	28	1,315,935.
힏   20	Organizations that do not follow FASB ASC 958, check here ▶ ☐	2,050,224.	20	2,348,821.
∄	and complete lines 29 through 33.			
Net Assets or Fund Balances 25 28 25 28 25 28 25 26 27 28 27 27 27 27 27 27 27 27 27 27 27 27 27	Capital stock or trust principal, or current funds		29	
a 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
30 31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ 32	Total net assets or fund balances	1,957,326.	32	3,664,756.
등   32 본   33	Total liabilities and net assets/fund balances	2,022,025.	33	3,725,119.
- 1 00	TOTAL INCOMPLET COOK IN THE PROPERTY OF THE PR	2,022,023.	υψ	Form <b>990</b> (2021)

Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u>. []</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	5,655,	295.
2	Total expenses (must equal Part IX, column (A), line 25)	3,947,	865.
3	Revenue less expenses. Subtract line 2 from line 1	1,707,	430.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,957,	326.
5	Net unrealized gains (losses) on investments	44.	
6	Donated services and use of facilities	1000	
7	Investment expenses		
8	Prior period adjustments		<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	3,664,	756.
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		. 🗵
		Ye	s No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		9 90000
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c ×	,
	If the organization changed either its oversight process or selection process during the tax year, explain on	20 /	
	Schedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	SARANTE SARA	464 664 64
Ju	Single Audit Act and OMB Circular A-133?	3a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	00	
W	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	
	REV 07/25/22 PRO	Form 99	N (2021)
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#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

	Change International,	Inc.				20-3272355	
Par		<del></del>	<del></del>				ons.
The c	organization is not a private founda				•	•	
1	A church, convention of church					O(b)(1)(A)(i).	
2	☐ A school described in section					13/43/2015	
3	A hospital or a cooperative hos						NIII Entortha
4	hospital's name, city, and state		onjunction with a nos	Jilai Uest	HDECH III S	section troublithal	(iii). Cister the
5	☐ An organization operated for	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	college or university	owned d	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com					, , , , , , , , , , , , , , , , , , , ,	
6	A federal, state, or local govern		mental unit described	in secti	on 170(b)	(1)(A)(v).	
7	⊠ An organization that normally						the general public
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)	•	-		
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi						
	or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
	university:						***********
10	An organization that normally receipts from activities related support from gross investment	eceives (1) more to its exempt fu	e than 331/3% of its su nctions, subject to ce	ipport tro rta <b>in</b> exc	m contric eptions: a	outions, membership and (2) no more than	tees, and gross 33½ of its
	support from gross investment	t income and uni	related business taxa	ble Incon	nė (l <b>ess</b> s	ection 511 tax) from	businesses
44	acquired by the organization a	•			70744578408	•	
11 12	☐ An organization organized and ☐ An organization organized and	•	7.0		D.		out the nursees o
12	one or more publicly supported			53/6	V	, ,	
	the box on lines 12a through 12						
а	☐ Type I. A supporting organ		Weeks Weeks	10000		•	
-	the supported organization						
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•		
b							
	control or management of				persons	that control or man	age the supported
	organization(s). You must	7935	5. J##85				
С	Type III functionally integ its supported organization(						ally integrated with,
.1	, , , , , , , , , , , , , , , , , , ,						
d	Type III non-functionally i that is not functionally integ						
	requirement (see instruction						a an attentiveness
е	☐ Check this box if the organ	. 400 March			•		all Type III
Ū	functionally integrated, or 1						en, Typem
f	Enter the number of supported of						
g	Provide the following information	n about the supp	orted organization(s).	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
		energy.	(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				V		·	•
				Yes	No		
(A)							
(B)							
							_
(C)							
(D)	:						
(D)							
(E)							
				344.039.4464.446			
Total	,						

REV 07/25/22 PRO

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Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019(d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,714,433.3,217,773.3,426,498.3,298,728.5,649,949. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 4 Total. Add lines 1 through 3. . . . 1,714,433. 3,217,773. 3,426,498. 3,298,728. 5,649,949. 17,307,381. The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 9,003,527. Public support. Subtract line 5 from line 4 8,303,854. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 . . . . . 1,714,433. 3,217,773. 3,426,498. 3,298,728. 5,649,949. 7 17,307,381. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 114 89 179. 156. 157 695. Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . 80,725. 122,522. 10,797. 96,133. 48,182. 358,359. Total support. Add lines 7 through 10 17,666,435. 11 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 47% 14 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 44.61% 15 331/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					4	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose  Gross receipts from activities that are not an					/ · ·	
3	unrelated trade or business under section 513						
_							
4	Tax revenues levied for the				, resettings.		
	organization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						<del></del>
7a	Amounts included on lines 1, 2, and 3			308.			
	received from disqualified persons .			45.78			<u> </u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				"856" 854		
	or 1% of the amount on line 13 for the year		4				
С	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from						_
	line 6.)			b 48.97			
Secti	on B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,	.554.04v.					
	royalties, and income from similar sources .		1044				
b	Unrelated business taxable income (less	- V , V					
D	section 511 taxes) from businesses		100 100 100 100 100 100 100 100 100 100				
	acquired after June 30, 1975						
_	Add lines 10a and 10b						_
C	Net income from unrelated business						
11	activities not included on line 10b, whether						
	or not the business is regularly carried on	79,000					
40	4. 4. 488	<u> </u>					<del>-</del>
12	Other income. Do not include gain or				1		
	lose from the sale of capital assets (Explain in Part VI.)				[		
	THE STATE OF THE S						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	  - f'k	Alabad Karandla	6/44- 1		F01(a)(0)
14	First 5 years. If the Form 990 is for the	-					
	organization, check this box and stop he					, , , , , , , , , , , , , , , , , , ,	· · · <b>P</b> []
	on C. Computation of Public Suppor			10 1 (0)		145	
15	Public support percentage for 2021 (line						<u>%</u>
16	Public support percentage from 2020 Sci					16	%_
	on D. Computation of Investment In				(0)	147	
17	Investment income percentage for 2021 (						<u>%</u>
18	Investment income percentage from 2020						<u>%</u>
19a	331/3% support tests-2021. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2020. If the organize						
	line 18 is not more than 331/2%, check this	box and <mark>stop</mark> h	nere. The organ	ization qualifies	s as a publicly s	supported orga	nization 🕨 🔲
20	Private foundation. If the organization di	id not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	uctions >

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations					
	α Organizations	ortina C	. All Supi	A. /	Section

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answellines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
us ed	1		
ver .	2 3a		
nd he			
(B)	3b 3c		
) If	4a		
gn ion	4b		
on ed (B)	4c		
s," IN on; lon	70		
dy	5a 5b		
to ed or	5c		
tor tity	6 7		
ine	8		
ore Ins	9a		
ich	9b		
efit	9c		
on ed			
to	10a 10b		
	. A (Fa		11 2021

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

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ns A through E.			
Secti	on A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,			
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			# 1 A A A A A A A A A A A A A A A A A A			
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d	NAME OF THE PARTY				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C-Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function		integrated Type III support	ing organization			
	(and instructions)						

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued	1)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	1	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		3	
4	Amounts paid to acquire exempt-use assets	occo or supported orga		4	
5	Qualified set-aside amounts (prior IRS approval required-	nrovide details in Part		5	
6	Other distributions (describe in Part VI). See instructions.	provide details in t die		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice	h the organization is res			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		100 p. Co.	10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	E 0040		-		
b b	E 0047				
***************************************	E 0040				
C	E 0040				
d	r 0000				
— e	Total of lines 3a through 3e				
<u>'</u>	Applied to underdistributions of prior years				The second secon
<u> </u>	Applied to 2021 distributable amount				
<u>;</u>	Carryover from 2016 not applied (see instructions)				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
٠,	Section D, line 7:				
а	Applied to underdistributions of prior years	//	and the second s		
<u>u</u>	Applied to 2021 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See Instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Part VI Supplemental Information. Provide the explanations required by Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lin lines 2, 5, and 6. Also complete this part for any additional information. (S	11a, 11b, and 11c; Part IV, Section 3; Part IV, Section E, lines 1c, 2a, 2b, es 5, 6, and 8; and Part V, Section E,
Pt II Ln 10: Other Income Part II, Line 10 Description: Reimbu	rsements 2017:
52244, 2018: 90967, 2019: 51294, 2020: 35737, 2021: 5609, Desc	ription: Sublease
2017: 16300. 2018: 28350. 2019: 41004. 2020: 12445. Description	on: Other 20 <b>17</b> ;
12181. 2018: 3205. 2019: 3835. 2021: 5188.	
	·
	-
	······

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

20-3272355 Oil Change International, Inc. Organization type (check one): Filers of: Section: 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Oil Change International, Inc.

Employer identification number

20-3272355

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 300,000.	Person   Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu <b>tio</b> ns	(d) Type of contribution
2		\$ 375,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,500,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions  \$ 486,000.	(d) Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll  Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4	\$ 486,000.	Person
(a) No.	Name, address, and ZIP + 4	\$ 486,000.  (c) Total contributions	Type of contribution  Person

Name of organization
Oil Change International, Inc.

Employer identification number

20-3272355

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		<b>\$</b> 415,329.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu <b>tio</b> ns	(d) Type of contribution
8		\$ 1 <u>,020,329</u> .	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(ċ) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Moncash (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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
Oil Change International, Inc.

Employer identification number

20-3272355

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Cial Change International Inc.

20-3272355

OII Chai	ige internacionar, inc.	20 32 12333
Part III	Exclusively religious, charitable, etc., contributions to organizations described in	n section 501(c)(7), (8), or
	(10) that total more than \$1,000 for the year from any one contributor. Complete	columns (a) through (e) and
	the following line entry. For organizations completing Part III, enter the total of exclusions	<i>ively</i> religious, charitable, etc.,
	- autility than of the 000 and are for the year (Contact this information once Con instruct	ional b. d

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C** (Form 990)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

regulation answered "Vec." on Form 990, Part IV, line 5 (Provy Tay) (See senarate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Гах) (S	iee separate instructions), th		raxi (see separate	a matructional of Porm 220	-EZ, Fait V, line 000 (FTOX)
	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			itification number
	of organization	1 -		20-327 <b>2</b> 3	
O11 <b>Part</b>	Change Internation	e organization is exempt und	or soction 501/	12/2004 PMAYS	
1 2 3 Part	Provide a description of definition of "political campaign activity Volunteer hours for political campaign activity volunteer	the organization's direct and in	direct political ca	ımpaign activities in Part 	
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ....▶ \$	
2	Enter the amount of any	excise tax incurred by organization	n managers un <mark>de</mark> r	section 4955 ▶ \$	
3 4a b	Was a correction made? If "Yes," describe in Part	ed a section 4955 tax, did it file Fo 			Yes No
Part		e organization is exempt und			(c)(3).
1 2	activities	ly expended by the filing organize		\$ spanizations for section \$	
3	line 17b	expenditures. Add lines 1 and 2		, , , , , , , ▶ \$	TYes TNo
4 5	Enter the names, address organization made payme the amount of political co	ses and employer identification nuests. For each organization listed, ontributions received that were profund or a political action committed.	mber (EIN) of all se enter the amount emptly and directly	ection 527 political organi paid from the filing organ delivered to a separate p	zations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			_		

	•						
Part	II-A	Complete if the organization section 501(h)).					
	neck ►	if the filing organization belong address, EIN, expenses, and	share of excess	lobbying expenditu	res).	lated group memb	er's name,
3 Ch	neck >	if the filing organization check	ed box A and "i	limited control" prov	risions apply.		
		Limits on Lobb (The term "expenditures" me	ying Expenditu	ires		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obbying expenditures to influence			1)	0	
b		obbying expenditures to influence				0.	
	c Total lobbying expenditures (add lines 1a and 1b)					0.	
d		exempt purpose expenditures .				3,141,606.	
		xempt purpose expenditures (add				3,141,606.	
e f		ng nontaxable amount. Enter				0,1,1,7,000	Vision
1	columi	•	ino amount m	on the leneving	table in bett	307,080.	
ſ		nount on line 1e, column (a) or (b) is:	The Johnving	nontaxable amount is			
		r \$500,000		ount on line 1e.	<del></del>		
		00,000 but not over \$1,000,000		15% of the excess over	er \$500,000.	) ,	
ŀ		,000,000 but not over \$1,500,000	· • · · · · · · · · · · · · · · · · · ·	10% of the excess over		3.27	
ŀ		,500,000 but not over \$17,000,000		5% of the excess over	ph/91779000000		
		7,000,000 bat not over \$17,000,000	\$1,000,000.	0,00,0000000000000000000000000000000000			
		oots nontaxable amount (enter 25				76,770.	
g		ct line 1g from line 1a. If zero or le				0,	
h		ct line 1f from line 1c. If zero or le				0.	
•	If ther	e is an amount other than zero	on either line	1h or line 1i did t	he organization	<u></u>	
J		ng section 4911 tax for this year?					Yes No
	(Som	e organizations that made a se See the	ction 501(h) ele separate instr	uctions for lines 2a	to complete all a through 2f.)	of the five colum	ns below.
		Lobbying	Expenditures	During 4-Year Ave	raging Period		<u> </u>
	Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobby	ing nontaxable amount	270,129.	268,375.	275,555.	307,080.	1,121,139.
b		ing ceiling amount of line 2a, column (e))					1,681,709.
С	Total I	obbying expenditures	5,826.	9,659.	0.	0.	15,485.
d	Grass	roots nontaxable amount					
е		roots ceiling amount of line 2d, column (e))	<b>%</b>				
f	Grass	roots lobbying expenditures					
				DELL OTREGO DOO		Sche	dule C (Form 990) 202

Part I	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form			
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	ption of the lobbying activity.	Yes	No	Ar	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		A.			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				454	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?		- 1969 Bar			
е	Publications, or published or broadcast statements?	98 384,		1000		
f	Grants to other organizations for lobbying purposes?	Sana.				
9	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	EMHSSW.			
h :	Other activities?	200				<u>-</u>
i	Total, Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	796 234 9250	a and the same	1051155 65		
b	If "Yes," enter the amount of any tax incurred under section 4912			1192224		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	12201719425-011	700000000000000000000000000000000000000			
Part		)(5),	or se	ction		
	501(c)(6).	,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	• •		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	)(5), ( R (b)	or se Part	ction III-A, I	ine 3,	is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b	ļ		
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5	1		
Provide 2 (See	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, I	ines 1	and
FC I	I-B lille 1. Viole collectiff local collections					
Pt I	I-B Line 1: fuel subsidies and fossil fuel supply side policy.	•				
Pt I	I-B Line 1: Grassroots includes communications with list members					
Pt I	I-B Line 1: regarding fossil fuel subsidies and fossil fuel supply					
Pt I	I-B Line 1: side policy.					

Schedule C (For	m 990) 2021	Page 4
Part IV	Supplemental Information (continued)	
		4.
		<del></del>
		,,
**********************		
:		
<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

#### SCHEDULE D (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the organization		Employer identification number
Oil	Change International, Inc.		20-3272355
Par			ls or Accounts.
	Complete if the organization answered "		(b) Funds and other accounts
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year	advicare in writing that the assets he	ld in donor advised
5	funds are the organization's property, subject to the	auvisors in writing that the assets he a organization's exclusive legal control	? · · · · · · · · · · · Yes · No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
U	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or for	r any other purpose
	conferring impermissible private benefit?		
Pari			
- CII	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o		
•	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified h		
ď	Number of conservation easements included in (		
	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conser	vation easement is located ►	
5	Does the organization have a written policy reg	jarding the periodic monitoring, insp	ection, handling of
	violations, and enforcement of the conservation eas	925 TOURS - TOUR	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
_		the allies of deletions and enfancing	announcetion apparents during the year
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing (	conservation easements during the year
0	▶ \$ Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	nts.	
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		, , , <u>\$</u>
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, following amounts required to be reported under FA		assets for financial gain, provide the
_	Revenue included on Form 990, Part VIII, line 1	<del>-</del>	<b>b 4</b>
a b	Assets included in Form 990, Part XIII, line 1.		
	, accept monacou mil onn occ, i with i i i i i		<u> </u>

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot			·			gnificant use of its
а	☐ Public exhibition		d	☐ Loan c	r exchang	e progran	ו	
b	Scholarly research		e	☐ Other				
С	☐ Preservation for future generations							
4	XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	donation ined as p	s of art, he	nistorical tr organizati	easures, on's colle	or other similar ction?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes						
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	ble:		Am	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year						:	
f	Ending balance					11		
2a	Did the organization include an amount				GM 2000	225.00		
b Pari	If "Yes," explain the arrangement in Pa	art Alli. Check fier	e ii tile ez	(pianalio)	i iias Deeii	provided	Uli Falt Alli .	
Par	Complete if the organization	anewered "Vec	" on For	m aan E	ert IV line	a 10		
	Complete if the organization	(a) Current year	,	or year	(c) Two year		) Three years back	(e) Four years back
1a	Beginning of year balance	(a) contain your	(2)	1 7 MM.	10/ 11/0 / 04/		, , , , , , , , , , , , , , , , , , , ,	(4), (4)
b	Contributions		525 255 255 255 255					
c	Net Investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							_
•	programs	edilikiwa.						
f	Administrative expenses	is. William	10.0					
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	column (a	ı)) held as		
а	Board designated or quasi-endowmer	it 🕨	.%					
b	Permanent endowment ▶	%						
C	Term endowment ▶%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	it are held	and admi	inistered for the	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	-	•					on
4	Describe in Part XIII the intended uses  VI Land, Buildings, and Equip	·····	on s enac	willentit	mus.			
Part	Complete if the organization		" on For	m 00/1 E	ort IV lin	a 11a Sa	a Form 990 I	Part X line 10
	Description of property	(a) Cost or of			r other basis	r	cumulated	(d) Book value
***************************************		(investm	ent)		her)		eciation	
1a	Land	•	0,					0.
b	Buildings	•						
C	Leasehold improvements	•			72,106.		52,731.	19,375.
d	Equipment	•			12,100.		34, 131.	19,3/3.
E Total	Add lines 1a through 1e. (Column (d) n		90 Part	Column	(B) line 1(	1 Oc. 1		19.375.

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(4)			
(B)			
(C)			
(D)	***************************************		
(E)			
(F)	***************************************		
(G)			
(H)	The state of the s		
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ Investments—Program Related. Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of Investment	(D) DOOK VAIGE	Cost or end-of-year market value
(4)			
(1) (2)			198000000
(3)			
(4)			No.
(5)		7000	
(6)			
(7)			
(8)		1000	
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)		5000	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4.		
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.  Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal i			IN DOOK YOUR
	NOTITO TAXAB		0.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b> 0,
	r uncertain tax positions. In Part XIII, provide the text of the footn		
	's liability for uncertain tax positions under FASB ASC 740. Checi		

Part		
	Complete if the organization answered "Yes" on Form 990, Part IV,	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	<b>3</b> 5,655,295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b> 5,655,295.
Part	XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.
1	Total expenses and losses per audited financial statements	1 3,947,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	, , 2e
3	Subtract line 2e from line 1	, <b>3</b> 3,947,865
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	, , 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line 4; Part X, line
2: Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.
_,,		
Pt X	, Line 2: The Organization evaluated its tax positions	
Pt X	, Line 2: and determined it has no uncertain tax positi	ons as of
Pt X	, Line 2: June 30, 2022. The Organization's 2019 throu	gh 2021 tax
Pt X	k, Line 2: years are open for examination by federal tax	ing
Pt X	, Line 2: authorit <b>ies.</b>	

chedule D (Fo	rm 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Inspection

Name of the organization

Employer identification number

20-3272355 Oil Change International, Inc. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to X Yes □ No award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2

outside the United States.

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (b) Number (a) Region employees, agents, and region (by type) (such as, a prográm service, expenditures for of offices in describe specific type of and investments fundraising, program services, the region independent in the region investments, grants to recipients service(s) in the region contractors located in the region) in the region 0 fossil fuel fights 365,507. program services (1) Europe 0 2 fossil fuel fights 109,004. program services (2) North America (3) East Asia and Pacific 0 program services fossil fuel fights 196,273. 0 111,692. fossil fuel fights (4) Sub-Saharan Africa program services (5)(6)(7) (8)(9)(10)(11)(12)(13)(14)(15)(16)(17)Subtotal 0 11 782,476. 3a Total from continuation sheets to Part I . . . .

0

c Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2021 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of noncash assistance (f) Manner of cash disbursement check check check check 10,000. 10,000. 10,000. 9,643. (e) Amount of cash grant Sub-Saharan Africa | Fossil fuel resist Sub-Saharan Africa | multi-stkhldr forum Sub-Saharan Africa | Swaziland crisis Sub-Saharan Africa | Swaziland crisis (d) Purpose of grant Enter total number of other organizations or entities (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 4 (L (16)610 Ē S E Ŧ <u>6</u> Ξ 3 ම 9 <u>©</u> E 8 N ო

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2021 Part III Ξ ල **4** Ø <u>(U</u> <u>©</u>

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Schedu	le F (Form 990) 2021		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
	Dit the annual still be a substantial of familiar through the beauty and if the armonization may	ŵ.	

Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . . . . . . 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to 🗌 Yes 🗵 No Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing X No Yes Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

BAA

REV 07/25/22 PRO Schedule F (Form 990) 2021

X No

Yes

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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
information. See instructions.

I Line 2: Meet with all grantees and provide grant ter		
I Line 2: must provide a narrative and return unused g	rant funds.	
		<del></del>
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	•••••	~~~~~

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Oil Change International,

Part

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

**%** □

X Yes

. . . . . . . . . .

OMB No. 1545-0047 2021 Open to Public	Inspection
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Employer identification number

20-3272355

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. Schedule I (Form 990) 2021 (h) Purpose of grant or assistance REV 07/25/22 PRO (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant ₽¥ Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. (p) EIN 1 (a) Name and address of organization or government Part Ξ 2 ල € ଦ @ ව 5 N <u>©</u> 8

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
3					
4					
S					
9					
7					
Part IV Supplemental Information. Provide the information	the information	required in Part I, lir	ie 2; Part III, column	required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
				1   1   1   1   1   1   1   1   1   1	
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Schedule I (Form 990) 2021

REV 07/25/22 PRO

BAA

### SCHEDULE O (Form 990)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Oil Change International, Inc.	20-3272355
Pt VI, Line 11b: Board members have the opportunity to review the S	990
Pt VI, Line 11b: ask any questions prior to filing.	
Pt VI, Line 15a: The board of directors determines the executive di	rector
Pt VI, Line 15a: salary based on comparative data.	
Pt VI, Line 18: The Organization will provide the 990 upon request.	
Pt VI, Line 12c: The Organization has a very small staff. The boar	ed .
Pt VI, Line 12c: and Executive Director monitor compliance with the	3
Pt VI, Line 12c: conflict of interest policy.	<u></u>
Pt XII, Line 2c: The executive committee has expanded its responsible	oilities to
Pt XII, Line 2c: include oversight of the audit.	
Pt VI, Line 15b: The executive director determines compensation of	
Pt VI, Line 15b: employees based on comparative industry data.	
Pt VI, Line 19: Documents are available upon request.	
	·····