## **Acknowledgement and General Information for** 2019 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number Clean Air Council \*\*-\*\*\*3461 Entity address 135 S 19th Street Philadelphia, PA 19103 Thank you for participating in IRS e-file. 1. x 2019 990 income tax return for Federal was filed electronically. The electronic filing services were provided by Nancy J. Nicoletti, CPA 2. **x** income tax return was accepted on 05-17-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 23265420211370jtjya2 PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### 990

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2019 calendar v	ear, or tax year begin	nina	07-	-01 , <b>2019</b> , a	and end	ina	06-	30 ,20	)20		
<u></u>		applicable:	C Name of organizationC1	_		, 2010, 0	ana cna	9			ation number		
	Address	• •		ean All Cour	ICII					23-168			
Н		•	Doing business as	O h 11 i 1 d-li-	d ttt - dd\		D/				3401		
	Name cha	•	Number and street (or P.		rered to street address)		Room/su		E Telepho		CT 4004		
Н	Initial retu		135 S 19th Stre					300			67-4004		
		rn/terminated	City or town, state or pro		or foreign postal code				<b>G</b> Gross r	eceipts			
Н	Amended		Philadelphia, 1						\$		2,160,135		
	Application	on pending	F Name and address of pri	ncipal officer:				H(a) Is this a g					
		[]						H(b) Are all s			☐ Yes ☐ No		
<u> </u>		npt status: X 501		) (insert no.)	4947(a)(1) or	527		If "No,"	attach a list.	(see instruct	ions)		
J	Website:		leanair.org			T			oup exemption number				
		organization: X Corp	poration Trust Ass	ociation Other		L Year of formati	ion: 196	67 M S	State of legal	domicile:	PA		
Pa	art I	Summary											
	1		the organization's miss	=		ean Air Co							
ø		-	tal organizatio				e. I	t is de	dicate	d to p	rotecting		
anc		and defendi	ing everyone's	right to bre	eathe clean ai	r.							
ern													
Governance	2		if the organization						1 1				
	3		g members of the gove								17		
es	4	Number of indep	endent voting member	s of the governing	body (Part VI, line 1b	)			. 4		17		
ΑË	5	Total number of	individuals employed ir	n calendar year 20°	19 (Part V, line 2a)				. 5		33		
Activities &	6	Total number of	volunteers (estimate if	necessary)					. 6		39		
•	7a	Total unrelated b	ousiness revenue from	Part VIII, column (	C), line 12				. 7a		0_		
	b	Net unrelated bu	usiness taxable income	from Form 990-T,	line 39				. 7b		0		
								Prior Year		Curi	rent Year		
	8	Contributions and	d grants (Part VIII, line	1h)				2,866	,455		2,137,305		
ne	9	Program service	e revenue (Part VIII, line	e 2g)							0		
Revenue	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7	d)			4	,684		8,140		
æ	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									14,690		
	12	2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,8							,144		2,160,135		
	13	Grants and simila	ar amounts paid (Part I	X, column (A), line	s 1-3)			145	,500		67,255		
	14	Benefits paid to	or for members (Part I)	K, column (A), line	4)						0		
"	15	Salaries, other c	ompensation, employee	e benefits (Part IX,	column (A), lines 5-1	0)		1,770	,263		1,649,233		
Expenses	16a	Professional fun	ssional fundraising fees (Part IX, column (A), line 11e)								0		
ber	b	Total fundraising	expenses (Part IX, co	lumn (D), line 25)	<b>&gt;</b>	83,147							
Щ	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	4e)			990	,799		680,248		
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	ımn (A), line 25) .			2,906	,562		2,396,736		
	19	Revenue less ex	penses. Subtract line	18 from line 12 .				(33	,418)		(236,601)		
5	S S						Begi	inning of Curre	ent Year	End	l of Year		
sets	20	Total assets (Pa	rt X, line 16)					2,130	,134		2,112,408		
Net Assets or	21	Total liabilities (F	Part X, line 26)					162	2,578		380,945		
_		Net assets or ful	nd balances. Subtract	line 21 from line 20	)			1,967	,556		1,731,463		
Pa	art II	Signature	Block										
			that I have examined this retu tion of preparer (other than off				of my kno	wledge and bel	ief, it is				
	, 0011001,	and complete. Bediards	aon or proparer (earler than on	loci) io baoca on all lillor	mation of which propares he	as any knowledge.							
٠.		Joseph	O Minott										
Sig	jn	Signature of o	officer						Date				
He	re	Joseph	O Minott, Exec	utive Direct	or								
		Type or print	name and title										
		Print/Type prepare	r's name	Preparer's signature		Date		Check	X if P	TIN			
Pa		Nancy J.	Nicoletti			05-17-20	21	self-em	ployed	P0127	5539		
Pre	pare	Firm's name ▶	Nancy J.	Nicoletti,	CPA		F	Firm's EIN 🕨					
Us	e Only	y Firm's address ▶	1851 Ber	ks Road			F	Phone no.					
			Eaglevil	le PA 19403					610-2	22-996			
May	the ID	S discuss this rotu	ım with the preparer sh	nown above? (see i	netructione)	<del></del>		<del></del>			Ves X No		

pollution.						
-	-	-				
Other program serv	vices (Describe on a	Schedule O.)				
(Expenses \$	341,041	including grants of	\$	) (Revenue \$	)	
Total program serv	ice expenses >	2 027	926			

cap-and-trade program to cover not only the power sector, but also the transportation sector. The

Council also pushed for stronger methane leakage standards from new sources of oil and gas

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		X
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		Λ
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f		445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f		Х
ıza	Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	admiddid gordinnon diri art ix, dolanii (x), iiid 1: ii 100, dollipide dolladdid i, i arto i and ii		45	

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 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	25-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?	254		
26	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	200		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		Х
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	v	

#### Form 990 (2019) Clean Air Council Page 5 23-1683461 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2a 33 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............ 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . . . . . . . . . . . . h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . 4a х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a х b 5b Х С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c х d 7d х 7f Х f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . . . . h 7h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ...... 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . .

Х

16

16

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

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the consciention have level shorters because on efficience?	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	X	
b 12a	Describe in 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	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
·	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Another's website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Joseph O. Minott (215)567-4004, 135 S 19th Street, Ste 300, Philadelphia, PA 19103

Form 990 (2019)

Clean Air Council

23-1683461

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

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

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

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

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

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

	, ,		_ •			•				
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both an	1	Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dir	rector	/trustee)		compensation from the	compensation from related	of other
	per week (list any							organization	organizations	compensation from the
	hours for	or director	Institutional trustee	Office	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto.	tion	역	empl	est c oyee	ē			related organizations
	organizations below	r	al tro		oyee	omp				
	dotted line)	lee	ıstee		_	ensa				
	,					ted				
(1) Russ Allen	2.00									
President		х		x				0	0	0
(2) Jeffrey J Aldi	2.00									
Treasurer		x		х				0	0	0_
(3) Renee Gilinger	2.00									
Secretary		х		х				0	0	0
(4) Jessica B Krow	2.00									
Vice President		Х		х				0	0	0
(5) Louise C Giugliano	0.50									
Member		X						0	0	0
(6) Mary Josephine Markle	0.50									
Member		Х						0	0	0
(7) David Mindel	0.50									
Member		Х						0	0	0
(8) Neeti Bathala	0.50							_	_	_
Member		Х						0	0	0
(9) Evan Pappas	0.50									
Member (40) 71		х						0	0	0
(10)Christopher Patterson	0.50							•		
Member (44) Para Para Para	0.50	Х						0	0	0
(11)Ben Prusky Member	0.50	х						0	0	0
(12)Jay Tarler	0.50							U	0	0
Member	<u>0.5</u> 0	х						0	0	o
(13)Eric Langenmayr	0.50									
Member		х						0	0	o
(14)Ben Cromie	0.50									
Member		х						0	0	0
										Form 000 (2010)

Part VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an			t Cor	npe	ensated Employe	es (continued)			
				(C Posit								
(A) Name and title	(B) Average hours per week	(do not check more than box, unless person is box officer and a director/truveek						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	со	(F) nated an of othe mpensa	r tion
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	inization d organi	and
(15)Neil_Doshi Member	0.50	х						0	0			0
(16)Michael Brown Member	0.50	x						0	0			0
(17)Laura Stein	0.50	x						0	0			0
(18)Joseph O Minott  Executive Director	50.00				2	x		144,365	0		45,	138
(19)								-				
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal							-					
d Total (add lines 1b and 1c)	ed to those li						•	144,365 re than \$100,000	0 of		45,	138
reportable compensation from the organization											Yes	No No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	le J for such	individ	lual							3		x
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
<ul><li>individual</li></ul>		· · · on from	any	unre	 lated	 orgai	 niza	tion or individual		4	Х	
for services rendered to the organization? If "Yes	s," complete	Sched	lule J	I for s	uch <sub>I</sub>	perso	n			5		х
Section B. Independent Contractors  1 Complete this table for your five highest compensa	ted independ	lent co	ntrac	tore t	that re	acaiv#	od r	more than \$100 00	10. of			
compensation from the organization. Report comp	•											
(A) Name and business addres	ss							(B)  Description of service	es	(C) Compen	sation	
						+						
						+						
Total number of independent contractors (includin received more than \$100,000 of compensation from the contractors of the compensation from the contractors of t	-				ed ab	ove)	who	)				

Form 990 (2019) Clean Air Council 23-1683461 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a Membership dues . . . . . . . . . . . . 1b 120,325 Contributions, Gifts, Grants and Other Similar Amounts **c** Fundraising events . . . . . . . . 1c **d** Related organizations . . . . . . . 1d Government grants (contributions) . . 1e 290,164 All other contributions, gifts, grants, and similar amounts not included above 1,726,816 1f Noncash contributions included in 1g | \$ 9,257 Total. Add lines 1a-1f ....... <u>....</u>..▶ 2,137,305 **Business Code** 2a Program Service Revenue f All other program service revenue . . . . . . Investment income (including dividends, interest, and 8,140 8,140 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . 6a **b** Less: rental expenses . . 6b c Rental income or (loss) **d** Net rental income or (loss) . . . . . . . . . . . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 7b Other Revenue and sales expenses . . **c** Gain or (loss) . . . . . . **7c** 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . **b** Less: direct expenses . . . . . . . . 8b c Net income or (loss) from fundraising events . . . . . . . 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a **b** Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities . . . . . . . 10a Gross sales of inventory, less returns and allowances ...... 10a **b** Less: cost of goods sold . . . . . . . 10b c Net income or (loss) from sales of inventory . . . . . . . . **Business Code** 

14,690

2,160,135

14,690

22,830

611710

0

0

11a Misc

b

	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to	•			
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	67,255	67,255		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	144,365	115,492	12,993	15,880
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	1,250,162	1,082,730	122,933	44,499
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	155,586	133,669	15,176	6,741
10	Payroll taxes	99,120	84,887	9,855	4,378
11	Fees for services (nonemployees):	27,44		.,	
а	Management				
b	Legal	764	764		
С	Accounting	2,110		2,110	
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				
3	(A) amount, list line 11g expenses on Schedule O.)	277,582	240,573	34,009	3,000
12	Advertising and promotion	61,595	51,080	10,515	2,000
13	Office expenses	121,606	73,990	45,773	1,843
14	Information technology	121,000	75755	23,773	2,010
15	Royalties				
16	Occupancy	98,641	85,171	9,327	4,143
17	Travel	23,033	12,256	10,777	1,110
18	Payments of travel or entertainment expenses	25,055	12,250	20,777	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,207	6,725	6,395	87
20	Interest	13,207	0,723	0,393	07
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,224	10,589	1,132	503
24	Other expenses. Itemize expenses not covered	12,224	10,569	1,132	503
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.)				
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	20.206	20.000	1 001	450
a	Equipment rental	30,396	28,922	1,021	453
b	Postage and mailing	11,858	10,192	1,154	512
C	Printing and design	16,415	14,361	1,422	632
d	Telephone	10,817	9,270	1,071	476
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,396,736	2,027,926	285,663	83,147
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	538,872	1	1,225,386
	2	Savings and temporary cash investments	57,950	2	259,536
	3	Pledges and grants receivable, net	1,411,561	3	492,976
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		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	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	20,429	9	19,439
	10a	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 31,766			
	b	Less: accumulated depreciation 10b 31,766		10c	
	11	Investments - publicly traded securities	96,319	11	110,068
	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	5,003	15	5,003
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,130,134	16	2,112,408
	17	Accounts payable and accrued expenses	162,578	17	87,234
	18	Grants payable	•	18	•
	19	Deferred revenue		19	293,711
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	162,578	26	380,945
		Organizations that follow FASB ASC 958, check here			·
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	239,049	27	378,769
alaı	28	Net assets with donor restrictions	1,728,507	28	1,352,694
d B		Organizations that do not follow FASB ASC 958, check here			
-un		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assı	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,967,556	32	1,731,463
Z	33	Total liabilities and net assets/fund balances	2,130,134	33	2,112,408
			,===,===	- 1	Form 000 (2010)

Form	1990 (2019) Clean Air Council 2	3-1683461		Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	160,	135
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	396,	736
3	Revenue less expenses. Subtract line 2 from line 1	3	(	236,	601
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	967,	556
5	Net unrealized gains (losses) on investments	5			508
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	731,	463
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
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 in Schedule O.	- [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  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		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
С	separate basis, consolidated basis, or both:  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				
J	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			Λ	
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Single Audit Act and OMB Circular A-133?		3a		x

EEA Form **990** (2019)

3b

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

#### **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.

Open to Public Inspection

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

CTE	an	Air Council					23-168346	T
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	.) See instructions	
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	y one box.	)		
1	Ň	A church, convention of churches, or	•	•	•	•		
2		A school described in section 170(b			` '			
3	П	A hospital or a cooperative hospital s						
4	П	A medical research organization ope	•				(1)(Δ)(iii) Enter the	
•	ш	hospital's name, city, and state:	ratou iii oonjanotio	ii wiii a noopital accome			(T)(T)(III)T EINOT IIIO	
5	П	An organization operated for the bene	ofit of a college or i	university ewned or energy	atod by a c	novornmon	tal unit described in	
J	Ш	-	_	iniversity owned or open	aleu by a g	governinen	iai uniii described in	
_		section 170(b)(1)(A)(iv). (Complete			470/5//4	(A)()		
6		A federal, state, or local government	•				or the managed and Pa	
7	X	An organization that normally receive	•	• • • • • • • • • • • • • • • • • • • •	/ernmental	unit or troi	m the general public	
_		described in section 170(b)(1)(A)(vi						
8	님	A community trust described in <b>secti</b>					50 L L	
9	Ш	An agricultural research organization				•	•	ge
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:	(4) (1 00	1/00/ 11				
10	Ш	An organization that normally receive	. ,	• • • • • • • • • • • • • • • • • • • •				
		receipts from activities related to its e	•			,		
		support from gross investment income		•		,	rom businesses	
		acquired by the organization after Ju			•	,		
11	H	An organization organized and opera	•	•				
12	Ш	An organization organized and opera	•	•				
		of one or more publicly supported or	3	` ' '			, , , ,	•
		Check the box in lines 12a through 12		,, ,,		•		ů .
	а	Type I. A supporting organization		•		•	. ,	ng
		the supported organization(s) the			rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	•					
	b	☐ Type II. A supporting organization	•			_	. , , ,	
		control or management of the sup		·	rsons that	control or r	nanage the supported	
		organization(s). You must comp						
	С			•				th,
		its supported organization(s) (se	•	-				
	d	☐ Type III non-functionally integr					•	n(s)
		that is not functionally integrated.	-	•			nt and an attentiveness	
		requirement (see instructions). Y	-					
	е	☐ Check this box if the organization				a Type I,	Type II, Type III	
		functionally integrated, or Type III		ntegrated supporting org	anization.			
	f	Enter the number of supported organ						
	g	Provide the following information abo	ut the supported or	ganization(s).	1		I	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization	1 ' '	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	other support (see instructions)
						I		
					Yes	No		
(A)								
(B)								
(C)								
					-			
(D)								
(E)								
Tota	ıl							
							i .	i .

Clean Air Council Schedule A (Form 990 or 990-EZ) 2019 23-1683461 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 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . . 1,830,389 4,173,747 2,424,459 2,866,455 2,137,305 13,432,355 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . . 4 Total. Add lines 1 through 3 . . . . . . . 1,830,389 4,173,747 2,424,459 2,866,455 2,137,305 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . . 5,575,470 6 Public support. Subtract line 5 from line 4 7,856,885 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total **(e)** 2019 **7** Amounts from line 4 . . . . . . . . . . . . . 2,866,455 1,830,389 4,173,747 2,424,459 2,137,305 13,432,355 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ....... 11,693 4,635 27,605 4,684 8,140 56,757 **9** Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . . . **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . . . 450 7,185 15,373 2,005 14,690 39,703 11 Total support. Add lines 7 through 10... 13,528,815 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage

15	Public support percentage from 2018 Schedule A, Part II, line 14	4.7	<u>1 %</u>
16a	33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<b>&gt;</b>	X
b	33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	<	
	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	•	
17a	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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		
	organization	•	
b	10%-facts-and-circumstances test - 2018. 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 <b>stop here.</b>		
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
	supported organization	•	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions	<b>&gt;</b>	

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . .

58.08 %

23-1683461

(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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	(.) 00:-	41.00:0	(.) 00:=	(1) 00:5	(1) 2212	/C = : :
	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
ı.	royalties, and income from similar sources						
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
11	First five years. If the Form 990 is for the or	raanization's fi	ret eacond thi	rd fourth or fit	th tay year as	section 501/a	·)(3)
14		-			-	•	
Sec	organization, check this box and stop here ction C. Computation of Public Support			· · · · · · · ·			<u> </u>
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Sched		-			16	%
	ction D. Computation of Investment In			<u> </u>		10	/0
	Investment income percentage for 2019 (line			ine 13. column	n (f))	17	%
	Investment income percentage from 2018 Se					18	%
	33 1/3% support tests - 2019. If the organiz						
. Ju	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2018. If the organiz	-	-	•			
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	_	_	-	-		_

#### Part IV Supporti

#### **Supporting Organizations**

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

#### **Section A. All Supporting Organizations**

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

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	0.0		
	3с		
	4a		
	A I-		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	-		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	40L		
(F:	10b	or 000 5	7) 2019

Sched	dule A (Form 990 or 990-EZ) 2019	1683461	F	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	rt VI. 11c		
Sec	ction B. Type I Supporting Organizations	•		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, of controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	or	Yes	No
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 <b>Payl</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	art		

#### Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

			res	NC
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		

#### Section D. All Type III Supporting Organizations

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?
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).
By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section 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 instructions).
а	The organization satisfied the Activities Test. Complete line 2 below.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).

Activities Test. *Answer (a) and (b) below.*a 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** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

٠,			
		Yes	No
	2-		
	2a		
	2b		
	3a		
	3b		

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

EEA Schedule A (Form 990 or 990-EZ) 2019 Schedule A (Form 990 or 990-EZ) 2019 Clean Air Council 23-1683461 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Section E - Distribution Allocations (see instructions) Underdietributione Dietributable

Section E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
	From 2018			
	<b>Total</b> of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
1	Excess distributions carryover to 2020. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	France france 0045			
	F 6 0010			
	Funcio from 2047			
	Funcio from 2040			
	Evenes from 2010			
<u> </u>	Excess Iron 2019			

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

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

Schedule of Contributors

2019

Department of the Treasury Internal Revenue Service

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

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

**Employer identification number** 

OMB No. 1545-0047

Name of the organization Clean Air Council 23-1683461 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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 

Name of organization

Employer identification number

23-1683461

Clean Air Council

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

(a) (b) (c) (d)

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 1	William Penn Foundation  Two Logan Sq 11th Floor  Philadelphia, PA 19103	\$82,500	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Colcom Foundation  PO Box 22185  Pittsburgh, PA 15222	\$488,304	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Energy Foundation  301 Battery Street 5th F  San Francisco, CA 94111	\$158,750	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Toyota Hybrids  27-01 Queens Plaza North  Long Island City, NY 11101	\$62,500	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	PECO Energy  2301 Market Street  Philadelphia, PA 19103	\$6,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Mom's Organic Market  5612 Randolf Road  Rockville, MD 20852	\$10,000	Person x Payroll

Name of organization

Clean Air Council

23-1683461

Clean Air Council 23-1683461

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Martin Foundation  1818 Market Street 35th F  Philadelphia, PA 19103	\$7,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Penna Dept of Transportation  PO Box 69181  Harrisburg, PA 17106	\$133,004	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	Delaware Valley Regional Planning C  190 N Independence Mall W 8th  Philadelphia, PA 19106	\$34,964	Person x Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	City of Philadelphia  1515 Arch Street 14th F  Philadelphia, PA 19102	\$67,796	Person x Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11	Environmental Defense Fund  1875 Connecticut Ave NW Ste 600  Washington, DC 20009	\$292,500	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_12_	Partnership Project  1501 M Street NW Ste 1010  Washington, DC 20005	\$	Person x Payroll Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

Clean Air Council 23-1683461 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution 13 Person Southeastern PA-Health Prom.Council x Payroll Noncash 40,000 1500 Market Street (Complete Part II for noncash contributions.) Philadelphia, PA 19102 (d) (a) (c) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 14 Heinz Foundation Payroll Noncash 250,000 30 EQT Plaza 625 Liberty Ave (Complete Part II for Pittsburgh, PA 15222 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 15 Pittsburgh Foundation Person X Pavroll Noncash 5 PPG Place Ste 250 71,024 (Complete Part II for Pittsburgh, PA 15222 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 16 Community Energy Pavroll Noncash 100 Matsonford Road Ste 300 6,000 (Complete Part II for noncash contributions.) Wayne, PA 19087 (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

	1650 Arch Street Philadelphia, PA 19103	\$ 18,400	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18_	American Heart Association  7272 Greenville Ave  Dallas, TX 75231	\$ 68,334	Person X Payroll Complete Part II for noncash contributions.)
	Dallas, TX 75231	-	noncash contributions.

17

Environmental Protection Agency

Person

Payroll

X

Name of organization Employer identification number
Clean Air Council 23-1683461

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 19 Christiana Healthcare Serv Payroll Noncash 39,468 4735 Ogletown-Stanton Rd (Complete Part II for noncash contributions.) Newark, DE 19713 (d) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person 20 Schmidt Family Foundation-Fis Spons Payroll Noncash 50,000 555 Bryant Street \$370 (Complete Part II for Bear River City, UT 84301 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 21 Energy Co-Op Person Pavroll Noncash 1315 Walnut Street Ste1000 5,000 (Complete Part II for Philadelphia, PA 19107 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

OMB No. 1545-0047

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organ	nizations: Complete Part III.			
	ne of organization			Employer iden	tification number
Cl	lean Air Council			23-1	683461
		organization is exempt under	section 501(c)		
1		nization's direct and indirect political can			
	definition of "political campaign a	ctivities")	. •		
2	Political campaign activity expen-	ditures (see instructions)		▶ \$	
3	Volunteer hours for political camp	paign activities (see instructions)			
Pa		organization is exempt under			
1	Enter the amount of any excise ta	ax incurred by the organization under sec	ction 4955	▶ \$	
2	Enter the amount of any excise ta	ax incurred by organization managers ur	der section 4955	▶ \$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for thi	s year?		🗌 Yes 🔲 No
4a	Was a correction made?				
b					
Pa	rt I-C Complete if the	organization is exempt under	section 501(c)	, except section 501(c	:)(3).
1	Enter the amount directly expend	ed by the filing organization for section 5	527 exempt function		
	activities			▶ \$	
2	0 0	anization's funds contributed to other or	•		
	527 exempt function activities .			▶ \$	
3	•	es. Add lines 1 and 2. Enter here and on	·		
4		rm 1120-POL for this year?			
5		employer identification number (EIN) of		=	=
		each organization listed, enter the amo	•	• •	
		ns received that were promptly and direct		·	
	as a separate segregated fund o	r a political action committee (PAC). If a	idditional space is ne	eded, provide information in F	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization.  If none, enter -0
					,
(	(1)				
	(2)				
	(2)				
	(3)				
	(-)				
(	(4)				
(	(5)				
(	(6)				

23-168346

-	edule C (Form 990 of 990-EZ) 2019 Clean AII Coun		Z3-10034	<u> </u>				
P		is exempt under section 501(c)(3) and filed	Form 5/68 (elect	on under				
	section 501(h)).							
Α	Check ▶ ☐ if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	ember's name,					
	address, EIN, expenses, and share of	f excess lobbying expenditures).						
В	Check ► ☐ if the filing organization checked box	A and "limited control" provisions apply.						
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated				
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals				
1a	Total lobbying expenditures to influence public opin	nion (grassroots lobbying)	50,000					
k	Total lobbying expenditures to influence a legislative	re body (direct lobbying)	50,000					
c	Total lobbying expenditures (add lines 1a and 1b)		100,000					
C	d Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1c a	nd 1d)	2,396,736					
f	Lobbying nontaxable amount. Enter the amount from	m the following table in both						
	columns.		269,837					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
ç	Grassroots nontaxable amount (enter 25% of line 1	f)	67,459					
ŀ	Subtract line 1g from line 1a. If zero or less, enter -	0						
i	Subtract line 1f from line 1c. If zero or less, enter -0							
j	If there is an amount other than zero on either line 1	h or line 1i, did the organization file Form 4720	·					
	reporting section 4911 tax for this year?		[	Yes No				
		-Year Averaging Period Under section 501(h)						
	(Some organizations that made a sec	tion 501(h) election do not have to complete all	of the five columns	helow.				

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total				
2a	Lobbying nontaxable amount	300,984	293,922	295,328	269,837	1,160,071				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,740,107				
С	Total lobbying expenditures	100,000	100,000	100,000	100,000	400,000				
d	Grassroots nontaxable amount	75,246	73,481	73,832	67,459	290,018				
е	Grassroots ceiling amount (150% of line 2d, column (e))					435,027				
f	Grassroots lobbying expenditures	50,000	50,000	50,000	50,000	200,000				

Schedule C (Form 990 or 990-EZ) 2019

	(a	a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed lescription of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or			
referendum, through the use of:			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j 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)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		-	
<ul> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li></ul>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5) c	r sec	tion
501(c)(6).	,,,,,		
			Yes No
			1
1 Were substantially all (90% or more) dues received nondeductible by members?			
			2
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	  )(5), c	  or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	  )(5), c	  or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	  )(5), c	  or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	  )(5), c	  or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	  )(5), c	or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), c	or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), c	or sec	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), c R (b) I	or sec Part II	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), c R (b) I	or sec Part II	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(5), c R (b) I	or sec Part II	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Carryover from last year  In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	(5), c R (b) I	or sec Part II	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Current year  Carryover from last year	(5), c	or secondrilless of the secondriless of the se	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Carryover from last year Carryover from last year Carryover from last year Carryover sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), c	or sec Part II	3 tion
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Current year  Carryover from last year	(5), c	or secondrilless of the secondriless of the se	3 tion

EEA

#### **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

	an Air Council	23-1683461
Pa		<b>5.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
_	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		storically important land area
		ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	vation
	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
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	ation during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	<del>-</del> -
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	nents during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance st	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Sched		Clean Air Coun					23-168		Page 2
Pai	rt III Organizati	ions Maintaining	Collections of	Art, Historic	cal Treasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's	s acquisition, accessic	on, and other records,	check any of th	e following that ma	ake signi	ificant use of its		
	collection items (check	all that apply):							
а	Public exhibition			d 🗌 l	oan or exchange	program	ns		
b	Scholarly research	1			Other				
С	Preservation for fut								<del></del> -
4	Provide a description of	-	llections and explain	how they further	r the organization's	s exemp	t purpose in Part		
•	XIII.	o.ga <u>_</u> a	noonono ana oxpiani		o organization	o o/top	. pa.pooo a		
5	During the year, did the	organization solicit or	receive donations of	art historical tre	assures or other s	similar			
J	assets to be sold to rais	J		•	•			. Tyes	□No
Dai		d Custodial Arra		in or the organiz	zation's collection:		<u> </u>	163	
ı aı		the organization		on Form 990	) Part IV line	Q or re	anorted an am	ount on E	orm
	990, Part X,		answered res	OII I OIIII 990	o, raitiv, iiiie	9, 01 16	eponeu an am	ount on i	OIIII
	· · · · · · · · · · · · · · · · · · ·	•	and the second second second			1			
1a	Is the organization an a	-		-					□
	included on Form 990, F							∐ Yes	☐ No
b	If "Yes," explain the arra	angement in Part XIII	and complete the follo	owing table:					
							An	nount	
С	Beginning balance .					. 10	;		
d	Additions during the year	ar				. 10	t l		
е	Distributions during the	year				. 16	)		
f	Ending balance					. 1 <u>1f</u>			
2a	Did the organization inc	clude an amount on Fo	orm 990, Part X, line 2	21, for escrow or	r custodial accoun	t liability	?	. Yes	☐ No
b	If "Yes," explain the arra	angement in Part XIII.	Check here if the ex	olanation has be	en provided on Pa	art XIII			
Pai	rt V Endowmen	nt Funds.							
	Complete if	the organization	answered "Yes"	on Form 990	), Part IV, line	10.			
	•		(a) Current year	(b) Prior year			(d) Three years back	(e) Four	years back
1a	Beginning of year balar	nce						,,,,,	
b	Contributions								
С	Net investment earnings								
	losses	=							
d	Grants or scholarships								
	Other expenditures for f								
е	programs								
f	Administrative expenses								
g	End of year balance			// <b>4</b>	/-\\   -				
2	Provide the estimated p	-	ent year end balance	(line 1g, column	(a)) held as:				
а	Board designated or qu	_	%						
b	Permanent endowment		%						
С	Term endowment ▶	%							
	The percentages on line								
3a	Are there endowment for	unds not in the posses	ssion of the organizat	ion that are held	d and administered	for the		_	
	organization by:								Yes No
	(i) Unrelated organiza	ations						. 3a(i)	
	(ii) Related organization	ons						. 3a(ii)	
b	If "Yes" on line 3a(ii), ar	re the related organiza	ations listed as require	ed on Schedule	R?			. 3b	
4	Describe in Part XIII the	e intended uses of the	organization's endo	wment funds.					
Pai		dings, and Equip							
		the organization		on Form 990	), Part IV, line	11a. S	ee Form 990,	Part X, lir	ne 10.
	Description o	<u> </u>	(a) Cost or oth		Cost or other basis		Accumulated	(d) Book	
	,	• •	(investme	' '	(other)	, ,	epreciation	• • •	
1a	Land								
b									
c	Leasehold improvemen								
d					31,766		31,766		
e	Other				31,700		31,700		
_	I. Add lines 1a through	10 (Column (d) must		rt Y column (B)	line 10c l	<u> </u>			
rota	. Aud intes la trilough	16. (Columni (a) must	equal Form 990, Pa	ι Λ, coluititi (Β)	, 11110-11110)				

Part VII	Investments - Other Securities.  Complete if the organization answered "Ye	es" on Form 990, Part IV, lir	ne 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: end-of-year market value
(1) Financial of	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶		
Part VIII	Investments - Program Related.	'		
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		Method of valuation: end-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.).	▶ │		
Part IX	Other Assets.	"	4410 5	000 B ()/ I' 45
	Complete if the organization answered "Ye		ne 11d. See Form	
/4b	(a) Description	n		(b) Book value
(1)Deposit	•			5,00
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			5,00
Part X	Other Liabilities.			
		s" on Form 990 Part IV lir	ne 11e or 11f See	Form 990, Part X,
	Complete if the organization answered "Ye			
1.	Complete if the organization answered "Ye line 25.  (a) Description of liability	(b) Book value		
1. (1) Federal in	line 25.  (a) Description of liability			
	line 25.  (a) Description of liability			
(1) Federal in	line 25.  (a) Description of liability			
(1) Federal iii	line 25.  (a) Description of liability			
(1) Federal iii (2) (3)	line 25.  (a) Description of liability			
(1) Federal in (2) (3) (4)	line 25.  (a) Description of liability			
(1) Federal ii (2) (3) (4) (5)	line 25.  (a) Description of liability			
(1) Federal ii (2) (3) (4) (5) (6)	line 25.  (a) Description of liability			
(1) Federal ii (2) (3) (4) (5) (6) (7)	line 25.  (a) Description of liability			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . .

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retui	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,160,643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	508
3	Subtract line 2e from line 1	3	2,160,135
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,160,135
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,396,734
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,396,734
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.)		
b c	Other (Describe in Part XIII.)	4c	
		4c 5	2,396,734
с 5	Add lines 4a and 4b		2,396,734
c 5 Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	
<b>5</b> Pa	Add lines 4a and 4b	5	

EEA Schedule D (Form 990) 2019

#### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number

Clean Air Council						23-1683461	
Part I General Information on Gr							
1 Does the organization maintain records to su							
the selection criteria used to award the gran						• • • • • • • • • •	. x Yes N
2 Describe in Part IV the organization's proces				. 0 1		II) / II	
Part II Grants and Other Assistance	_			•	•	"Yes" on Form 990	),
Part IV, line 21, for any recipien						T	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Del-Chesco United for Pipel							
Various payments to vendors on							
Glen Riddle Lima, PA 19037			67,255				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) and a Enter total number of other organizations list					 	· · · · · · · · · · · · · · · · · · ·	

Page 2

rt III Grants and Other Assistance Part III can be duplicated if addi			ne organization ansv	wered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IV Supplemental Information. Pr	ovide the information re	equired in Part I. li	ne 2: Part III. colum	n (b): and any other addit	tional information.

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public Inspection

Clean Air Council

Employer identification number

23-1683461

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	x	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Tomi 330 of other organizations —— Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
•		4a		v
a		4b		X
0		40 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coefficient $504(a)(2)$ , $504(a)(4)$ , and $504(a)(20)$ agreement to must complete lines $50$ .			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	-		
a	· ·	5a		X
D	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For paragraphic listed on Form 000 Part VIII Section A line to did the agreeinstian new or cooking and			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	0-		
a	•	6a		X
D	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
_	Francisco Patridos Francisco Desta VIII. Ocadas A. Para Az alla del Carlo Carl			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Joseph O Minott	(i)	144,365	0	0	0	45,138	189,503	0
1 Executive Director	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Employer identification number Clean Air Council 23-1683461

01. Form 990 governing body review (Part VI, line 11)
A draft of the 990 is supplied to the Executive Director and the CFO. They review it and
present it to the Board of Directors for approval.
02. Conflict of interest policy compliance (Part VI, line 12c)
The organization periodically reviews its policies regarding conflict of interest and
whistleblower by discussing them at staff and Board meetings. Board meetings are also
when any compensation raises for the Executive Director are discussed and approved.
03. Form 990 availability to public (Part VI, line 18)
The Organization makes the 990 and its annual audited financial statements available to
anyone who visits the website, as they are available for download directly from the site.
04. Governing documents, etc, available to public (Part VI, line 19)
The Organization will make any public document available upon the written request sent to
its office.
05. List of other fees for services expenses (Part IX, line 11g)
Consulting fees - Program \$741,179, Admin \$27,916.

# Statement of Program Service Accomplishments Page 1 Your Social Security Number Clean Air Council Statement of Program Service Accomplishments 2019 PG01 Your Social Security Number 23-1683461

#### Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$186272

Grants and allocations included in above expense \$0

Program Services Revenue \$0

#### Explanation

4e) - Other Education: Clean Air Council continued to educate people about indoor air quality and to maintain a repository of information on indoor air pollution. It aimed to reduce tobacco smoke pollution by working with apartments and other multi-unit housing structures to go smoke-free across Pennsylvania. Clean Air Council successfully pushed Philadelphia to propose a single-use plastic bag ban bill.

# Statement of Program Service Accomplishments Page 1 Your Social Security Number Clean Air Council Statement of Program Service Accomplishments 2019 PG01 Your Social Security Number 23-1683461

#### Form 990-Part III(b)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$154769

Grants and allocations included in above expense \$0

Program Services Revenue \$0

#### Explanation

4d) - Public Awareness Events: Clean Air Council held the 14th Annual Greenfest Philly in South Philadelphia on September 8, 2019. As always, this street festival educated the public on how to live more sustainably, and included over 100 exhibitors, live band performances, eco-friendly DIYs, Toyota's full line of hybrid vehicles, and vegan cooking demos. The 39th Annual Run for Clean Air was greatly impacted by the start of the COVID-19 pandemic. To comply with public health regulations relating to the coronavirus, the event became entirely virtual for the first time in its history. Participants were asked to walk or run a 3K, 5K or 10K on their own and to submit their times to the Council. To ensure safety, individuals had from April 18 through April 26, 2020 to complete their activity at a location and time of their own choosing. While it was not the 50th Anniversary of Earth Day celebration that the Council had hoped for, supporters enjoyed themselves.