	Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return		Employer Identification Number
Clean Air Counc	11	
135 S 19th St	reet	
Philadelphia,	PA 19103	
Thank you for par	ticipating in IRS e-file.	
1. <b>x</b> 2020 <b>990</b> The electronic fili	income tax retum for <u>Federal</u> was filed end of the services were provided by <u>Nancy J. Nicoletti, CPA</u>	lectronically.
-	income tax return was accepted on using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to er D assigned to this return is2326542022131hkjtcjq	
_	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN <sup>-</sup> DU DO, IT WILL DELAY THE PROCESSING OF THE RET	-

Clean Air Council       **-***3461         Entity address       135 s 19th Street         135 s 19th Street       Philadelphia, PA 19103         Thank you for participating in IRS e-file.       Image: Clean Air Council		Acknowledgement and General Information for Entities That File Returns Electronically	2020
135 S 19th Street         Philadelphia, PA 19103         Thank you for participating in IRS e-file.         .X       2020	Name(s) as shown on return	il	
135 S 19th Street         Philadelphia, PA 19103         Thank you for participating in IRS e-file.         .X       2020			
135 S 19th Street         Philadelphia, PA 19103         Thank you for participating in IRS e-file.         .X       2020	Entity address		
Philadelphia, PA 19103         Thank you for participating in IRS e-file.         . X       2020       8868-01 income tax retum for Federal was filed electronically. The electronic filing services were provided by Nancy J. Nicoletti, CPA       was filed electronically. income tax retum was accepted on 10-20-2021 using a Personal Identification Number (PIN) an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is 2326542021293qedi1hb         PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE	-	reet	
Thank you for participating in IRS e-file.         . X       2020 <u>8868-01</u> income tax retum for <u>Federal</u> was filed electronically. The electronic filing services were provided by <u>Nancy J. Nicoletti, CPA</u> . X <u>8868-01</u> income tax retum was accepted on <u>10-20-2021</u> using a Personal Identification Number (PIN) an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is <u>2326542021293qedi1hb</u> PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE			
. X       2020 <u>8868-01</u> income tax retum for <u>Federal</u> was filed electronically.         The electronic filing services were provided by <u>Nancy J. Nicoletti, CPA</u> .         . X <u>8868-01</u> income tax retum was accepted on <u>10-20-2021</u> using a Personal Identification Number (PIN) an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is <u>2326542021293qedi1hb</u> .         PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE			
The electronic filing services were provided by       Nancy J. Nicoletti, CPA         8868-01       income tax retum was accepted on       10-20-2021       using a Personal Identification Number (PIN) an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is       2326542021293qedi1hb         PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE			
8868-01       income tax retum was accepted on       10-20-2021       using a Personal Identification Number (PIN)         an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is       2326542021293qedi1hb         PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE			electronically.
an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this retum is 2326542021293qedilhb.			·
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE	an electronic sign	ature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e	
	The submission I	D assigned to this retum is 2326542021293qedi1hb	·
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.	_		-
	IRS. IF YO	DU DO, IT WILL DELAY THE PROCESSING OF THE RE	TURN.

Form	<u>99</u>	0

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

FOIIII	50				•				2020
				, 527, or 4947(a)(1) of the li				ations)	
		the Treasury ue Service		nter social security numbe	-	-			Open to Public Inspection
			ar year, or tax year begi	www.irs.gov/Form990 for		and ending	ion.	06	-30 , <b>20</b> 21
_					0, 01 ,2020,0	ana onang			yer identification number
Address change       Doing business as         Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite         Initial return       135 S 19th Street       300         Final return/terminated       City or town, state or province, country, and ZIP or foreign postal code       G         Amended return       Philadelphia, PA 19103       H(a) Is this a group         F Name and address of principal officer:       H(b) Are all subtrian a group			23-1683461						
Ξ		•		P.O. box if mail is not delivered to stre	eet address)	Room/suite		E Teleph	one number
		•			,	30		·	(215)567-4004
Fi	nal retur	n/terminated	City or town, state or p	rovince, country, and ZIP or foreign p	ostal code	1		G Gross	receipts
A	mended	return	Philadelphia,	PA 19103				\$	3,399,869
X A	oplicatio	n pending	F Name and address of p	principal officer:		H(a	a) Is this a gr	roup return fo	r subordinates? Yes X No
						H(I	b) Are all s	ubordinates	s included? Yes No
I Ta	ax-exem	pt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a	a)(1) or 527		lf "No," a	attach a list	. See instructions
JW	ebsite:		.cleanair.org			H(e	c) Group e	xemption n	umber 🕨
		-		ssociation Other ►	L Year of forma	tion: <b>1967</b>	M S	tate of lega	I domicile: PA
Par	T	Summar							
	1		Ũ	sion or most significant activ					
Ð				on serving Pennsyl		re. It :	is dec	licate	d to protecting
Activities & Governance		and defe	ding everyone's	right to breathe	clean air.				
erné									
Ň				on discontinued its operations	•			1	
∞ ∞			0 0	verning body (Part VI, line 1a	,			3	21
es	L _		1 0	ers of the governing body (Pa	. ,				21
iviti	5			in calendar year 2020 (Part				5	33
Act	6		of volunteers (estimate i	• •				6	9
				n Part VIII, column (C), line 1				7a	0
	b	Net unrelated	business taxable incom	he from Form 990-T, Part I, li	ne 11			7b	0
		Oracleitartiare		- 41-)			rior Year		Current Year
				e 1h)			2,137	,305	3,395,842
Revenue	9	0		ne 2g)				1 4 0	0
eve				(A), lines 3, 4, and 7d)				,140	3,677
R	11			lines 5, 6d, 8c, 9c, 10c, and 1				,690	350
	12 13			(must equal Part VIII, colum t IX, column (A), lines 1-3)			2,160		3,399,869
				IX, column (A), line 4)			67	,255	0 0
		•	,	ee benefits (Part IX, column			1,649	222	1,808,331
ŝ				, column (A), line 11e)		•	1,049	,235	1,000,331
SUS			sing expenses (Part IX, c	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	256,860	•			U
Expense	17		<b>0</b> 1 (	lines 11a-11d, 11f-24e)	-	_	680	,248	615,136
ш	18	•	( , , , , , , , , , , , , , , , , , , ,	st equal Part IX, column (A),			2,396		2,423,467
	19	•	,	e 18 from line 12	,			,601)	976,402
							g of Curre		End of Year
ance	20	Total assets	Part X. line 16)				2,112		2,953,496
Net Assets or Fund Balances	21		· · /					,945	205,215
Fund	22			t line 21 from line 20			1,731		2,748,281
Par		Signatu							
				turn, including accompanying schedu			ge and beli	ef, it is	
true, c	orrect, a	and complete. Dec	aration of preparer (other than o	officer) is based on all information of v	which preparer has any knowledge.	•			
		Josej	oh O Minott						
Sigr	<b>)</b>	Signature	e of officer					Date	9
Here	•	Josej	oh O Minott, Exe	cutive Director					
		Type or p	rint name and title						
		Print/Type pre	parer's name	Preparer's signature	Date		Check	X if	PTIN
Paid	I	Nancy J	Nicoletti, CPA		05-12-20	022	self-emp	oloyed	P01275539
Prep	barer	Firm's name	<ul> <li>Nancy J</li> </ul>	. Nicoletti, CPA		Firm's	s EIN 🕨		
Use	Only	Firm's address	► 1851 Be	rks Road		Phone	e no.		
			Eaglevi	lle PA 19403				610-2	22-9969
<u>May</u> t	he IRS	S discuss this	etum with the preparer s	shown above? (see instructio	ns)	<u></u> .	<u> </u>	<u> </u>	Yes 🛛 No
For P	aperw	ork Reductio	on Act Notice, see the s	eparate instructions.					Form <b>990</b> (2020)

Form	m 990 (2020) Clean Air Council 23-16	83461	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Clean Air Council is a publicly supported environmental organization serving Pennsy		
	Delaware. It is dedicated to protecting and defending everyone's right to breathe	clean	air.
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	K No
	If "Yes," describe these new services on Schedule O.		<u>.</u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	K No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4-			<u> </u>
4a	(Code:) (Expenses \$ 1,011,118 including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (A state of the	idrogg	)
	quality and environmental impacts from Marcellus Shale natural gas extraction, proc		
	infrastructure. It organized community residents to push for the strictest standard		
	up the former Sunoco/PES oil refinery site in Southwest Philadelphia. It joined wit		
	Springfield in Bucks County, to oppose a proposed quarry. In Pittsburgh, the Counci		
	educate and train resident watchdog groups to push local officials to reduce air po	olluti	on from
	local facilities.		
4b	(Code: ) (Expenses \$ 470,919 including grants of \$ ) (Revenue \$		)
	4b) - Transportation Education: The Council continued to promote use of its GoPhill	lyGo r	egional
	multi-modal carless trip-planning website and added a new "Tours" section that allo	ows	
	trip-planning multiple destinations as part of the same trip. It opened the first o		
	new segments of the Cobbs Creek Connector multiuse trail in Southwest Philadelphia		
	Council encouraged Philadelphia employees to commute sustainably to work through it		-
	Alternatives Program (MAP). Its Feet First Philly program awarded seven pedestrian	enhan	cement
	mini-grants in Philadelphia.		
4c	(Code:) (Expenses \$319,813 including grants of \$) (Revenue \$)		)
	4c) - Global Warming Education: Clean Air Council convinced Pennsylvania to propose	a ru	le to
	reduce methane pollution from existing gas operations. It continued to push for Per	_	
	join the Regional Greenhouse Gas Initiative (RGGI). The Council also co-hosted the	Youth	Climate
	Action Summit virtual workshop for Philadelphia area students		
4d			
	(Expenses \$ 193,611 including grants of \$ ) (Revenue \$ )		
4e			000 (0000)
EEA		⊢orm	990 (2020)

	1990 (2020) Clean Air Council 23-1683	61	F	2 age
Pa	rt 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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
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	x	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
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	•		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	Tia		
D D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			~
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Λ
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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		x
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			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-		x
b				1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		-		

Form	990 (2020) Clean Air Council 23-16834	61	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			I
			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		х
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part. II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"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? If			
Ŭ	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			л
00	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,"	01		л
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		л
00	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,			•
~		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
зэа b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		~
D	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	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		x
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20		31		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		
Der		38	X	
Par				
	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		162	NU
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U		1c	x	
	reportable gaming (gambling) winnings to prize winners?	10	_ <b>^</b>	

		3-168346	51	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	[	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[	3b		
4a	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		x
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		00		
ua	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		v
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	••••	Va		x
b	gifts were not tax deductible?		Ch		
-			6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_		
	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	••••	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	••••	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	••••	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· · · · ·	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	· · · · ·	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	· · · · · [	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	[	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	[	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а			1Ja		
ь	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	••••	14b		
15	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		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	· · · · · [	16		x
	If "Yes," complete Form 4720, Schedule O.				

Form	990 (2020) Clean Air Council 23-1683	461	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	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	L		
	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			
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			
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x x
6	Did the organization have members or stockholders?			x
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
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 Q	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
		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,	106		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		x	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line</i> 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a		x
b	Other officers or key employees of the organization	. 15b		х
	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?	. <u>16a</u>		x
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	4.01		
Sec	organization's exempt status with respect to such arrangements?	.   16b		
<u>3ec</u> 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.			
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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 1910	3		

Form 990 (202	D) Clean Air Council	23-1683461	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	est Compensated Employee	s, and
	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 t	nis table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the	
organization's t	ax 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.

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

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# Form 990 (2020) Part VII Section A. C

Clean Air Council

23-1683461 Page 8

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d       Total (add lines 1b and 1c)       0       45,7*         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization        Yes         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3           3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such person          4          x         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person          5          idection B. Independent Contractors          1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.          (A)          (B)          (C)												
<ul> <li>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization &gt;</li> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>								159,610	0		45	772
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3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)	· -		isicu a	5000)	WIIO	CCCIVCO			01			
<ul> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>		-									Vac	N
employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       x         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       x         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)	2 Did the encoderation list and formers officer dire	atan turrataa I									res	INC
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li></ul>			•			-		•				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										3		x
individual       4       x         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)	-											
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         6       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)												
for services rendered to the organization? If "Yes," complete Schedule J for such person       5         ection B. Independent Contractors       1         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         (A)       (B)       (C)	individual									4	x	
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	5 Did any person listed on line 1a receive or accrue	e compensatio	on from	n any ι	unrela	ed orga	aniza	ation or individual				
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	for services rendered to the organization? If "Ye	es," complete	Sched	lule J	for su	ch pers	on			5		x
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)	Section B. Independent Contractors											
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)		ated independ	dent co	ontract	ors th	at receiv	ved	more than \$100.00	00 of			
(A) (B) (C)												
					,					(C)		-
		ess							es		ation	
										,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 9	<u>`</u>	20) Clean	Ai	r Counc	i1 🗌				23-16834	61 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	10	Federated compairme			10	1				sections 512–514
	1a	1 0			1a 1b	141 770	-			
nts	b c	Membership dues Fundraising events			1c	141,778	-			
Grai	d				1d		-			
Am (	e				1e	215 452	-			
Contributions, Gifts, Grants and Other Similar Amounts	f	· · · · · · · · · · · · · · · · · · ·			Ie	215,453	-			
Sir	'	and similar amounts not i	-		1f	3,038,611				
buti	q					5,050,011	-			
d diti	9	lines 1a-1f			1g	\$ 12,940				
a C	h						3,395,842			
						Business Code				
	2a									
ice	b									
erv iue	c									
Program Service Revenue	d									
gra Re	е									
Pro	f	All other program service	rever	nue	• • •					
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ	ing d	ividends, inte	erest, a	and				
		other similar amounts) .					3,677	3,677		-
	4	Income from investment of		•	•					
	5	Royalties	· ·			· · · · · · •				
				(i) Rea	l	(ii) Personal	-			
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c	1						
	d	Net rental income or (loss)	) .			· · · · · · · ·				
	7a	Gross amount from		(i) Securiti	es	(ii) Other	-			
		sales of assets other than inventory	7a							
	h	Less: cost or other basis	10				-			
¢,		and sales expenses	7h							
nu	- c	Gain or (loss)					-			
leve		Net gain or (loss)				· · · · · · · •				-
Other Revenue		Gross income from fundra								
öţ		events (not including \$	-							
-		of contributions reported of			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundı	raising even	ts	<b>&gt;</b>				
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from	gami	ing activities	•••	<u></u> ▶				
	10a	Gross sales of inventory, I								
	.	returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from	sales	s of inventor	у					
		W7.6.0				Business Code				
e.		MISC				611710	350	350		
lan enu	b									
Miscellanous Revenue	c d	All other revenue								
Ξ.		Total. Add lines 11a-11d				L	350			
		Total revenue. See instru							0	0
										. 0

Part IX

20) Clean Air Council Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). х Check if Schedule O contains a response or note to any line in this Part IX . . . . . . (B) Program service (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 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, 14,365 159,610 139,345 5,900 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . . 1,385,468 1,124,722 101,800 158,946 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 156,842 128,309 11,795 16,738 10 106,411 86,808 8,103 11,500 11 Fees for services (nonemployees): а Legal..... b 6,166 5,416 750 4,284 С 17,135 12,851 d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 265,707 234,500 3,269 27,938 12 65,700 61,519 1,728 2,453 13 90,073 72,316 9,466 8,291 14 15 16 100,887 83,342 7,253 10,292 17 796 2,294 1,498 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 3,991 3,991 20 21 22 Depreciation, depletion, and amortization . . . . . 23 800 1,135 10,368 8,433 24 Other expenses. Itemize expenses not covered 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.) Equipment rental 5,558 527 748 а 6,833 b Postage and mailing 11,936 8,703 513 2,720 c Printing and design 18,974 9,586 254 9,134 d Telephone 9,953 8,138 750 1,065 е All other expenses 5,119 5,119 Total functional expenses. Add lines 1 through 24e. . 171,146 25 2,423,467 1,995,461 256,860 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)

Form	990 (20	020) Clean Air Council	23	3-168	3461 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,225,386	1	771,579
	2	Savings and temporary cash investments	259,536	2	510,554
	3	Pledges and grants receivable, net	492,976	3	1,477,576
	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	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	19,439	9	24,554
	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	110,068	11	164,230
	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	Total assets. Add lines 1 through 15 (must equal line 33)	2,112,408	16	2,953,496
	17	Accounts payable and accrued expenses	87,234	17	111,676
	18	Grants payable		18	
	19	Deferred revenue	293,711	19	93,539
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	380,945	26	205,215
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
jce	27	Net assets without donor restrictions	378 <b>,</b> 769	27	795,887
alaı	28	Net assets with donor restrictions	1,352,694	28	1,952,394
ар		Organizations that do not follow FASB ASC 958, check here			
<u>n</u>		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	1,731,463	32	2,748,281
	33	Total liabilities and net assets/fund balances	2,112,408	33	2,953,496

EEA

Form 990 (2020)

Form	990 (2020) Clean Air Council 2	3-168346	1	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	З,	399,	,869
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	423,	,467
3	Revenue less expenses. Subtract line 2 from line 1	3		976,	,402
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	731,	,463
5	Net unrealized gains (losses) on investments	5		40,	,416
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	2,	748,	,281
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
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	<u></u> .	3b		
EEA			Form	990 (	2020)

SCH	EDU	LE	Α
(Form	990 d	or 99	0-EZ)

### Public Charity Status and Public Support

OMB No. 1545-0047

-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust	<b>. 2020</b>
	Attach to Form 990 or Form 990-EZ.	Open to Public

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury

(E)

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

Inspection

Interna	al Rev	venue Service	► Got	o www.irs.gov/Fo	orm990 for instructions	and the l	atest infor	rmation.	Inspection	
Name	of th	e organization						Employer identificati	on number	
		Air Counci						23-168346		
Pa					rganizations must c			t.) See instruction	S.	
The	orga		•	•	s 1 through 12, check onl	•	•			
1	Ц				rches described in sect					
2	Ц	A school desc	ribed in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)			
3		A hospital or a	a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	<b>\)(iii).</b>			
4		A medical res	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	hospital's name, city, and state:									
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	_	section 170(b	b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, stat	e, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).			
7	х	An organizatio	on that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or fror	n the general public		
		described in s	ection 170(b)(1)(A)(vi	). (Complete Part I	l.)					
8		A community	trust described in sect	ion 170(b)(1)(A)(vi	). (Complete Part II.)					
9		An agricultura	I research organizatior	n described in <b>secti</b>	i <b>on 170(b)(1)(A)(ix)</b> ope	rated in co	onjunction v	with a land-grant colle	ge	
		or university o university:	r a non-land-grant colle	ege of agriculture (s	ee instructions). Enter th	e name, cit	ty, and state	e of the college or		
10	$\Box$	An organizatio	on that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross		
		receipts from a	activities related to its e	exempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its		
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
		acquired by th	e organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)			
11		An organizatio	on organized and operation	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).			
12		An organizatio	on organized and opera	ted exclusively for t	he benefit of, to perform	the functio	ons of, or to	carry out the purpose	S	
		of one or more	e publicly supported or	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)	. See <b>section 509(a)</b>	(3).	
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	ind complet	te lines 12e, 12f, and 1	2g.	
	а	Type I. A	supporting organizatio	n operated, superv	ised, or controlled by its	supported	l organizati	ion(s), typically by givi	ng	
		the suppo	rted organization(s) the	power to regularly	appoint or elect a major	rity of the c	directors or	trustees of the		
		supporting	g organization. <b>You mu</b>	ust complete Part	IV, Sections A and B.					
	b	Type II. A	supporting organization	on supervised or co	ntrolled in connection w	ith its supp	ported orga	nization(s), by having		
		control or	management of the sup	oporting organization	on vested in the same pe	rsons that (	control or n	nanage the supported		
		organizati	on(s). <b>You must com</b>	olete Part IV, Sect	ions A and C.					
	С	🗌 Type III fu	inctionally integrated	<ol> <li>A supporting orga</li> </ol>	anization operated in cor	nnection w	rith, and fur	nctionally integrated w	ith,	
		its suppor	ted organization(s) (se	e instructions). You	u must complete Part l	V, Section	ns A, D, an	d E.		
	d	U Type III n	on-functionally integ	rated. A supporting	organization operated i	n connecti	ion with its	supported organization	on(s)	
					enerally must satisfy a d		•	t and an attentiveness		
		requireme	ent (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.			
	е	_	0		determination from the IF		s a Type I, <sup>-</sup>	Type II, Type III		
				-	tegrated supporting orga	anization.				
	f		ber of supported organ		• • • • • • • • • • • •				• • • •	
	g		lowing information abo		ganization(s).					
	(	<ol> <li>Name of supported</li> </ol>	dorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	organization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum		instructions)	instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										

	dule A (Form 990 or 990-EZ) 2020 Clean Air		ibed in Secti	ons 170(h)(1	)(A)(iv) and	23-168346 170(b)(1)(A)(	
	(Complete only if you checked th						
	Part III. If the organization fails to				•		ily under
Se	ction A. Public Support	y quality anab				o r art iii.)	
	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2011	(0) 2010	( <b>u</b> ) 2010	(0) 2020	(1) 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	4 172 747	2 121 159	2 966 455	2 1 2 7 205	2 205 942	14,997,808
2	Tax revenues levied for the		2,121,133	2,000,400	2,137,303	3,393,042	14,997,000
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
٨	Total. Add lines 1 through 3	4 192 949	2 424 450	2 866 455	2 1 2 7 205	2 205 842	14 007 00
		4,173,747	2,424,459	2,866,455	2,137,305	3,395,842	14,99/,80
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						
c	shown on line 11, column (f)						8,269,44
_	Public support. Subtract line 5 from line 4 ction B. Total Support						6,728,36
-	endar year (or fiscal year beginning in) >	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Amounts from line 4		· ·		· · /	. /	. /
7		4,173,747	2,424,459	2,866,455	2,137,305	3,395,842	14,997,808
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	4,635	27,605	4,684	8,140	3,677	48,74
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.)	7,185	15,373	2,005	14,690	350	39,60
	Total support. Add lines 7 through 10						15,086,15
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (s					12	15,086,15
12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is for the o	rganization's firs	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	)(3)
12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b>	rganization's firs	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	)(3)
12 13 Se	Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Support	rganization's firs	st, second, thir  <b>9</b>	d, fourth, or fift	h tax year as a	a section 501(c)	)(3) ▶[
12 13 <u>Se</u> 14	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Suppor Public support percentage for 2020 (line 6, c	rganization's firs rt Percentage column (f), divid	st, second, thir • • • • • • • • • • led by line 11, o	d, fourth, or fift	h tax year as a	a section 501(c)	)(3) ▶[ 44.60 %
12 13 <u>Se</u> 14 15	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Suppor Public support percentage for 2020 (line 6, or Public support percentage from 2019 Sched	rganization's firs rt Percentage column (f), divid ule A, Part II, lir	st, second, thir 	d, fourth, or fift	h tax year as a	a section 501(c	)(3) ►[ 44.60 % 58.08 %
12 13 <u>Se</u> 14 15	Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here ction C. Computation of Public Suppor Public support percentage for 2020 (line 6, or Public support percentage from 2019 Sched 33 1/3% support test - 2020. If the organization	rganization's firs rt Percentage column (f), divid ule A, Part II, lir ation did not che	st, second, thir 	d, fourth, or fift	h tax year as a	a section 501(c)         14         15         % or more, che	)(3) ►[ 44.60 % 58.08 % eck this
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Sche	dule A (Form 990 or 990-EZ) 2020 Clean Air	Council				23-1683461	Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nization failed	I to qualify unde	r Part II.
	If the organization fails to qualify						
Sec	ction A. Public Support			/ I	•	,	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees	(.,	(,	(0) = 0.0		(0) = 0 = 0	
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513.						
4	Tax revenues levied for the						;
4							
	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support			<del></del>			
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth	tax year as a se	ection 501(c)(3)	
	organization, check this box and stop here				-		▶ □
Sec	ction C. Computation of Public Support	rt Percentag	e				
	Public support percentage for 2020 (line 8, c			column (f))		15	%
	Public support percentage from 2019 Sched					16	<u> </u>
	ction D. Computation of Investment In			<b></b>	· · · · · · · · ·		/0
	Investment income percentage for 2020 (line			ine 13 column	(f))	17	%
	Investment income percentage from <b>2020</b> (inter-					18	%
	<b>33 1/3% support tests - 2020.</b> If the organiz					-	
ıJd	17 is not more than 33 1/3%, check this box						
h	<b>33 1/3% support tests - 2019.</b> If the organiz	-	-				
b	line 18 is not more than 33 1/3%, check this						
20		-	-	-			
<u> 20</u>	Private foundation. If the organization did r	IOL CHECK & DO		ימ, טו ושט, נוופ	OUP XON SILL YO	See instructions	· · · 🕨 📋

Part		61		age
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comple			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			;
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	′.)	
Sect	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	~		
Ju	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
N	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	55		
Ŭ	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
ти	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	14		
~	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
u	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already	vu		
~	designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
с	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 <b>Part VI</b> .	9c		
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.	10a		
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.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2020 Clean Air Council 23-168346	L	F	age 5
	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	).
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 Part VI how you supported a government entity	(see ir	nstruc	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
<ul><li>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</li></ul>	5		
6 Multiply line 5 by 0.035.	6		
<ul><li>7 Recoveries of prior-year distributions</li></ul>	7		
<ul> <li>8 Minimum Asset Amount (add line 7 to line 6)</li> </ul>	8		
Section C - Distributable Amount	0		Current Year
<ol> <li>Adjusted net income for prior year (from Section A, line 8, Column A)</li> </ol>	1		
2 Enter 0.85 of line 1.	2		
	3		
<ul> <li>Minimum asset amount for prior year (from Section B, line 8, Column A)</li> <li>Enter greater of line 2 or line 3.</li> </ul>	4		
· · · · · · · · · · · · · · · · · · ·	4		
5 Income tax imposed in prior year 6 Distributable Amount Subtract line 5 from line 4 uplace subject to	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		orgonization
7 Check here if the current year is the organization's first as a non-functionally	/ integra	aled Type III supporting	organization
(see instructions).			ula A (Form 000 or 000 FZ) 20

Schedule A (Form 990 or 990-EZ) 2020

Clean Air Council

Schedule A (Form 990 or 990-EZ) 2020

23-1683461

Page 6

	le A (Form 990 or 990-EZ) 2020 Clean Air Council			83461 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1
	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	e organization is respons	live	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		1	0
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		F10-2020	Amount for 2020
	Underdistributions, if any, for years prior to 2020			
2	(reasonable cause required - <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	E 004E			
	From 2010			
	From 2016			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
-	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
-	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
EEA			Sc	hedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> 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	5
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(Form 990, 990-EZ or 990-PF)

•	
Department of the Treasury	
Internal Revenue Service	

. . .

### Schedule of Contributors

OMB No. 1545-0047

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

2020

Employer identification number 23-1683461

Name of the organization				
Clean	Air	Council		

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

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).

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

Schedule B (Fo	rm 990, 99	0-EZ, or 990	)-PF) (2020)
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Page 2 Employer identification number

Clean Air Council

23-1683461

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	William Penn Foundation Two Logan Sq 11th Floor	\$1,360,000	Person 🗷 Payroll 🗌 Noncash 🗌				
	Philadelphia PA 19103		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Energy Foundation		Person <u>x</u> Payroll				
	301 Battery Street 5th F San Francisco CA 94111	\$ <u>345,000</u>	Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_3_	Toyota Hybrids 27-01 Queens Plaza North Long Island City NY 11101	\$35,000	Person     Image: Complete       Payroll     Image: Complete       Noncash     Image: Complete       (Complete     Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	PECO Energy 2301 Market Street Philadelphia PA 19103	\$6,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	Cliff Bar Family Foundation 1451 66th Street Emeryville CA 94608	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	Penna Dept of Transportation PO Box 69181 Harrisburg PA 17106	\$ <u>123,839</u>	Person     x       Payroll				

Schedule B (Form 990, 99	0-EZ, or 990-PF) (2020)
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Page **2** 

Clean Air Council

Employer identification number 23-1683461

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	Delaware Valley Regional Planning C 190 N Independence Mall W 8th Philadelphia PA 19106	\$ <u>78,730</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	City of Philadelphia 1515 Arch Street 14th F Philadelphia PA 19102	\$ <u>88,614</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	Environmental Defense Fund 1875 Connecticut Ave NW Ste 600 Washington DC 20009	\$175,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	Partnership Project 1501 M Street NW Ste 1010 Washington DC 20005	\$51,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>11</u>	Southeastern PA-Health Prom.Council 1500 Market Street Philadelphia PA 19102	\$ <u>43,211</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Heinz Foundation 30 EQT Plaza 625 Liberty Ave Pittsburgh PA 15222	\$ <u>480,000</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				

Schedule B	(Form	990,	990-EZ,	or	990-PF	=)	(2020)
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Clean Air Council

23-1683461

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13	Laurel Foundation <u>Two Gateway Center Ste 1800</u> <u>Pittsburgh PA 15222</u>	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	Community Energy 100 Matsonford Road Ste 300 Wayne PA 19087	\$6,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15	Christiana Healthcare Serv 4735 Ogletown-Stanton Rd Newark DE 19713	\$9,982	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16	ROCKEFELLER FAMILY FUND <u>475 Riverside Drive Ste 900</u> <u>New York NY 10115</u>	\$50,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Green Family Foundation <u>15 E Ridge Pike</u> <u>Conshohocken PA 19428</u>	\$60,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18_	TEMPLE UNIVERSITY-College of Public 1101 W Montgomery Ave, Tech 3rd Philadelphia PA 19122	\$12,500	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)

Schedule B (Fo	rm 990, 99	0-EZ, or 990	)-PF) (2020)
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Employer identification number

Clean Air Council

23-1683461

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19	AMERICAN LUNG ASSOCIATION in Pa 3001 Gettysburg Road Camp Hill PA 17011	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20	NATURAL RESOURCES DEFENSE COUNCIL 40 West 20th Street, 11th Floor New York NY 10011	\$7,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	SBA - PPP LOAN FORGIVENESS 409 3rd Street SW Washington DC 20416	\$200,172	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22_	New Venture Fund 1201 Connecticut Ave NW Ste 300 Washington DC 20036	\$40,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_23	Pam Gange 515 Cresheim Valley Road Wyndmoor PA 19038	\$10,218	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

EEA

Clean Air Council

Employer identification number 23-1683461

(a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
23	195 Shares of Comcast Corp stock	_	
_23_		\$10,218	12-10-2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

SCHEDULE C		Political Campaign an	dlobbying	Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)							
		e if the organization is described belo		o Form 990 or Form 990-E2	Open to Public		
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for i			2. Open to Public Inspection		
	vered "Yes." o	on Form 990, Part IV, line 3, or Form 9					
-		Complete Parts I-A and B. Do not complete		. (	,,		
		1 501(c)(3)) organizations: Complete Par	ts I-A and C below. I	Do not complete Part I-B.			
<ul> <li>Section 527 organiz</li> </ul>		,					
-		on Form 990, Part IV, line 4, or Form 9 at have filed Form 5768 (election under					
	-	hat have NOT filed Form 5768 (election under					
	0	on Form 990, Part IV, line 5 (Proxy Tax	( ).		•		
Tax) (see separate instr							
<ul> <li>Section 501(c)(4), (4)</li> <li>Name of organization</li> </ul>	5), or (6) orgar	nizations: Complete Part III.		Employor iden	tification number		
5							
		organization is exempt under	section 501(c)		683461		
		nization's direct and indirect political can			gamzation.		
definition of "politic	•	•					
				· · · · · · · · · • • • • • • • • • • •			
1 0	, ,	paign activities (See instructions)					
		organization is exempt under					
		ax incurred by the organization under se					
		ax incurred by organization managers ur					
		tion 4955 tax, did it file Form 4720 for thi					
4a Was a correction n	nade?				🗌 Yes 🗌 No		
<b>b</b> If "Yes," describe in							
Part I-C Comp	olete if the	organization is exempt under	section 501(c)	, except section 501(c	;)(3).		
		ed by the filing organization for section §					
		anization's funds contributed to other or					
				· · · · · · · · · · · • \$			
		es. Add lines 1 and 2. Enter here and on					
		· · · · · · · · · · · · · · · · · · ·					
		rm 1120-POL for this year?					
		employer identification number (EIN) of r each organization listed, enter the amo		-	-		
-		ons received that were promptly and dire					
•		or a political action committee (PAC). If a	•				
	cyalca fulla o						
<b>(a)</b> 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		
(4)							
(1)							
(2)							
(2)							
(3)							
(4)					1		
(5)							
(6)							
	Notice, see the In-	structions for Form 990 or 990-EZ.		<u> </u>	hedule C (Form 990 or 990-EZ) 2020		
aper norm modulution Act				30			

	ule C (Form 990 or 990-EZ) 2020 Clean Air Country of the organization	ncil is exempt under section 501(c)(3) and filed	23-16834 Form 5768 (elect	
Ιŭ	section 501(h)).			
A		an affiliated group (and list in Part IV each affiliated group m	ember's name,	
	address, EIN, expenses, and share	of excess lobbying expenditures).		
в	Check 🕨 🗌 if the filing organization checked bo	x A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opi	nion (grassroots lobbying)	50,000	
b	Total lobbying expenditures to influence a legislati	ve body (direct lobbying)	50,000	
С	Total lobbying expenditures (add lines 1a and 1b)		100,000	
d	Other exempt purpose expenditures		2,323,467	
е	Total exempt purpose expenditures (add lines 1c a	und 1d)	2,423,467	
f	Lobbying nontaxable amount. Enter the amount from	om the following table in both		
-	columns.		271,173	
	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.		
g	Grassroots nontaxable amount (enter 25% of line	1f)	67,793	
h	Subtract line 1g from line 1a. If zero or less, enter	-0		
i	Subtract line 1f from line 1c. If zero or less, enter -	D		
j	If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes X No

4-Year Averaging Period Under section 501(h)

(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)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	293,922	295,328	269,837	271,173	1,130,260	
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,695,390	
c	Total lobbying expenditures	100,000	100,000	100,000	100,000	400,000	
d	Grassroots nontaxable amount	73,481	73,832	67,459	67,793	282,565	
е	Grassroots ceiling amount (150% of line 2d, column (e))					423,848	
f	Grassroots lobbying expenditures	50,000	50,000	50,000	50,000	200,000	

EEA

Schedule C (Form 990 or 990-EZ) 2020

	ule C (Form 990 or 990-EZ) 2020 Clean Air Council		1683		Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led F	orm 5	5768	
	(election under section 501(h)).				
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)
	cription of the lobbying activity.	Yes	No	Α	mount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), d	or sec	tion	
	501(c)(6).				. <u></u>
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3				3	
Pa	rt 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	R (b)	Part I	II-A, I	ine 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members	••	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year	••	2b		
С	Total	••	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	••	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)	••	5		
	rt IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I	ines 1	and		
2 (36	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE	D
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the organization

### **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.

2020 Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

OMB No. 1545-0047

Cle	an Air Council		23-1683461			
Pa	rt I Organizations Maintaining Donor Advised Fu	Inds or Other Similar Funds or Acco	ounts.			
	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 w	riting that the assets held in donor advised				
	funds are the organization's property, subject to the organization	-	Yes 🗌 No			
6	Did the organization inform all grantees, donors, and donor ad	-				
-	only for charitable purposes and not for the benefit of the dono					
	conferring impermissible private benefit?		Yes 🗌 No			
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 7,				
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (e.g., recreation or edu		f a historically important land area			
	Protection of natural habitat		f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation			
-	easement on the last day of the tax year.					
а			Held at the End of the Tax Year			
b						
	Number of conservation easements on a certified historic structure					
c d	Number of conservation easements included in (c) acquired at					
u			2d			
3	Number of conservation easements modified, transferred, rele					
3		ased, extinguished, or terminated by the org				
4	tax year  Mumber of states where property subject to conservation ease	mont is located				
5	Does the organization have a written policy regarding the period					
5	violations, and enforcement of the conservation easements it h		Yes 🗌 No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					
0		nulling of violations, and enforcing conservat	ion easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handlir	a of violations, and enforcing concernation	accompate during the year			
7	S	ig of violations, and enforcing conservations	easements during the year			
8	Does each conservation easement reported on line 2(d) above	a action $(170)$				
0						
٥	and section 170(h)(4)(B)(ii)?					
3	balance sheet, and include, if applicable, the text of the footnot					
	organization's accounting for conservation easements.		na describes the			
Pa	rt III Organizations Maintaining Collections	of Art Historical Treasures or (	Other Similar Assets			
ıα	Complete if the organization answered "Yes" of		Strict Similar Associs.			
1a	If the organization elected, as permitted under FASB ASC 958		balance sheet works			
ia	-	-				
	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.					
h	If the organization elected, as permitted under FASB ASC 958		nco shoet works of			
b	-					
	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:		► ¢			
~	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treas	-	in, provide the			
-	following amounts required to be reported under FASB ASC 9	-	<b>م</b>			
a						
b	Assets included in Form 990, Part X					

Sched	ule D (Form 990) 2020 Clean Air Council						23-168			age <b>2</b>
Par	rt III Organizations Maintaining Col	lections of	Art, His	torical 1	<b>Freasures</b>	, or Ot	her Similar A	Assets (d	continu	ued)
3	Using the organization's acquisition, accession, and	d other records,	check any	of the follo	owing that ma	ake signi <sup>.</sup>	ficant use of its			
	collection items (check all that apply):				-	•				
а	Public exhibition		d		or exchange	program	s			
	Scholarly research		e		or exertange					
b			e							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain	how they	further the o	organization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or receiv	ve donations of	art, histori	cal treasur	res, or other s	similar				
	assets to be sold to raise funds rather than to be m	naintained as pa	irt of the o	rganizatior	n's collection?			🗌 Ye	es 🗌	No
Par	rt IV Escrow and Custodial Arranger	ments.								
	Complete if the organization answ	vered "Yes"	on Form	n 990, Pa	art IV, line	9, or re	ported an an	nount on	Form	
	990, Part X, line 21.			,	,	,	•			
1a	Is the organization an agent, trustee, custodian or o	ther intermedia	ry for cont	ributions or	other assets	not				
iu									ъ П	No
						• • • •		· · · 🗋 🖪	*S 🗌	NO
b	If "Yes," explain the arrangement in Part XIII and co	omplete the folio	owing table	e:			-			
							A	mount		
С	Beginning balance					. 1c	;			
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form 99						)	Ye	as 🗌	No
b	If "Yes," explain the arrangement in Part XIII. Chec								=	
	TV Endowment Funds.		Janation					• • • • • •	•	
1 01		warad "Vaa"	on Earn		ort IV/ line	10				
	Complete if the organization answ									
	(a)	) Current year	(b) Pr	ior year	(c) Two years	s back	(d) Three years bac	k (e) Fo	ur years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
Ŭ	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year		(line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment  %									
С	Term endowment   %									
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.								
3a	Are there endowment funds not in the possession	of the organizat	ion that ar	e held and	administered	l for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
	., ., ., ., ., ., ., ., ., ., ., ., ., .							3a(ii)	/	
b	If "Yes" on line 3a(ii), are the related organizations					••••		3b		
4	Describe in Part XIII the intended uses of the organ		vment fun	ds.						
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answ	vered "Yes"	on Forn	<u>n 990, Pa</u>	art IV, line	<u>11a. S</u>	ee Form 990	, Part X,	line 10	).
	Description of property	(a) Cost or othe	er basis	(b) Cost c	or other basis	(c)	Accumulated	<b>(d)</b> Bo	ok value	
		(investme	ent)	(	(other)	de	epreciation			
1a	Land									
b	Buildings									
	5									
C	Leasehold improvements									
d					31,766		31,766			
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Pai	rt X, colun	nn (B), line	10.c.,)		►			

Schedule D (Form 990) 2020

EEA

#### Part VII Investments - Other Securities.

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1peposit	5,003
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	5,003

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line 23	5.). ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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. . . . .

Sched	ule D (Form 990) 2020 Clean Air Council	23-1683461	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	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	3,440,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	6	
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	40,416
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,399,869
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 <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,399,869
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,423,467
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 <b>2e</b> from line <b>1</b>	3	2,423,467
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		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,423,467
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J	HEDULE J Compensation Information		1545-0	047	
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	2020		
Department of the Treasury	epartment of the Treasury ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.				
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification		ction		
Clean Air Counci					
	ns Regarding Compensation	<u>/-</u>			
			Yes	No	
990, Part VII, Se First-class o Travel for cc Tax indemni	fication and gross-up payments I Health or social club dues or initiation fees				
Discretionar	y spending account				
or reimburseme	tes on line 1a are checked, did the organization follow a written policy regarding payment nt or provision of all of the expenses described above? If "No," complete Part III to	1b	x		
		. 10			
directors, truste	ation require substantiation prior to reimbursing or allowing expenses incurred by all es, and officers, including the CEO/Executive Director, regarding the items checked on line	2	x		
organization's C related organiza Compensati Independent	if any, of the following the organization used to establish the compensation of the EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a ation to establish compensation of the CEO/Executive Director, but explain in Part III. on committee Urited	I			
÷ .	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing a related organization:				
	rance payment or change-of-control payment?	. 4a		x	
-	receive payment from a supplemental nonqualified retirement plan?	. 4b		x	
	receive payment from an equity-based compensation arrangement?	. <u>4c</u>		x	
	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
•	ontingent on the revenues of:				
	n?	5a		x	
	anization?	<u>5</u> b		x	
compensation c	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of:				
•	n?			x	
	anization?	<u>6b</u>		x	
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III	. 7		x	
8 Were any amou to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v	
111 Fail III		8		x	
	3, did the organization also follow the rebuttable presumption procedure described in	. 9			
For Paperwork Reduct		dule J (Forr	m 990	) 2020	

EEA

#### 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.

		(B) Breakdown of	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)	159,610	0	0	0	45,772	205,382	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)							
0	(i)							
9	(ii)							
10	(i) (ii)							
10								
11	(i) (ii)							
	(i)							
12	(i) (ii)							
12	(i)							
13	(ii)							
<u> </u>	(i)							
14	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							
ΕFA	1.57	I	1	1	1	1		edule J (Form 990) 202

Schedule J (Form 990) 2020

EEA

23-1683461

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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
2020
Open to Public

Employer identification number

23-1683461

#### Clean Air Council

#### 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 \$234,500, Admin \$3,269, fundraising \$27,938.

2020 PG01

Name(s) as shown on return

Clean Air Council

Your Social Security Number

23-1683461

Statement #4

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

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$103236
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

#### Explanation

4e) - Other Education: Clean Air Council continued to reduce tobacco smoke pollution by working with apartments and other multi-unit housing structures to go smoke-free across Pennsylvania. It advocated against a Pennsylvania law that would preempt local townships from banning plastic bags. The Council fought to revoke the Mariner East 2 Pipeline Project's water permits after it caused contamination of waterways in Pennsylvania and called on the Delaware River Basin Committee to improve its water quality standards to protect local fish species.

Statement of Program Service Accomplishments

2020

Name(s) as shown on return

PG01 Your Social Security Number

23-1683461

Statement #4

Clean Air Council

Form 990-Part III(b)

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$90375
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

#### Explanation

4d) - Public Awareness Events: Due to the COVID-19 pandemic, Clean Air Council's annual events were held virtually. The 15h Annual Greenfest Philly was a series of online educational events and webinars made available via streaming services like Zoom during the month of September, 2020. Clean Air Council also debuted its new podcast "On Air With Clean Air Council." The events were recorded and can be found here:

https://cleanair.org/greenfest/2020-recap/. For a second straight year the 40th Annual Run for Clean Air remained virtual, though that did not stop the Council from celebrating this milestone achievement with 1980s-looking retro t-shirts and wireless speaker finisher medals. Runners were encouraged to run safely on their own and to report their time during a set period of days in April, 2021.