# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning	, 2020, and ending
or calefidar year 2020, or fiscar year beginning	, 2020, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization or person subject to tax

Name and title of officer or person subject to tax

► Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

#### THE ALLIANCE FOR CLIMATE PROTECTION

87-0745629

KENNETH BERLIN

PRESIDENT & CEO

#### Type of Return and Return Information (Whole Dollars Only)

Chook the box for the return for which you are using this Form 9970 FO and enter the applicable amount if any from the return. If you

ie return. Ir you								
form was								
)- on the								
1b 21,583,666.								
2b								
3b								
4b								
5b								
6b								
7b								
_								
to tax with respect to								
and that I have examined a copy								
(name of organization)								

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4 <u>2</u>	i aumorize	GELLIAN,	KODENDEKG	Œ	

to enter my PIN

do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 $\perp$  As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies)

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ERO firm name

Signature of officer or person subject to tax **Certification and Authentication** 

526<u>97498693</u>

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2020 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addre	THE ALLIANCE FOR CLIMATE PROTECTION			
	Name change		СТ	87-07456	29
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	555 11TH STREET, NW	601	(202)567	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	26,601,046.
	Ameno	WASHINGTON, DC 20004		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: KENNETTI DEKLETN		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( )	1) or 527	┥	list. See instructions
		e: WWW.CLIMATEREALITYPROJECT.ORG	1. 1/	H(c) Group exemptio	
_	Form of art I	organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 4005	M State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities: CLI	матг рг	יאו.דייטים פדא	CI.F DIIRDOSF
Governance	1	IS TO IGNITE PUBLIC ACTION TO SOLVE THE	CLIMAT	E CRISIS.	GDE TORTODE
nar		Check this box  if the organization discontinued its operations or dis			seets
) Ve				3	16
Ğ		Number of independent voting members of the governing body (Part VI, line 1k			16
Š		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			87
Λįξί		Total number of volunteers (estimate if necessary)			14000
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		18,820,458.	21,427,596.
Revenue		Program service revenue (Part VIII, line 2g)		111 227	0.
Be.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		111,237.	104,732.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22,580.	51,338.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		18,909,115. 1,796,615.	21,583,666.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,790,013.	2,140,592.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		7,258,790.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	<sup>U)</sup>	139,371.	391,096.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,035,	682.	133,371.	331,030.
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,899,140.	7,895,187.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,093,916.	18,600,324.
	19	Revenue less expenses. Subtract line 18 from line 12		1,815,199.	2,983,342.
Net Assets or Find Balances	3		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		15,391,577.	17,778,291.
t Ass	21	Total liabilities (Part X, line 26)		2,669,448.	2,076,503.
	22	Net assets or fund balances. Subtract line 21 from line 20		12,722,129.	15,701,788.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
		Signature of officer		11/11/2021 Date	
Sig		KENNETH BERLIN, PRESIDENT & CEO		Duto	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature,		Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA	11	11/4/2021   self-employ	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	unto		52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	•	THIII O LIN	
	.,	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ma	v tha IE	RS discuss this return with the preparer shown above? See instructions		1. 3.00.0 1.01 ( 0	X Ves No

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	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	_		x
6	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>*</u>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	00	Х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α	
244	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
_	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28c	Х	
29	"Yes," complete Schedule L, Part IV  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 conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
па b		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 87			
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 e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			7.7
	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).	F		Х
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 5c		- 25
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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?	7с		Х
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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? $N/A$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders N/A 11a			
d	Gross income from members or shareholders			
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$ 12b	1=0.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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.			77
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.	F	990	(0000)
		⊢∩rm	~~!	こフロンロリ

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (mic coolin 2 requeste information about periode not required by the internal ribrariae code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.00	==	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the same of th	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
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	)e onli	ı) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	, o orny	, avall	abic
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DAVID JENKINS, CFO - (202)567-9800			
	555 11TH STREET NW, SUITE 601, WASHINGTON, DC 20004			

032006 12-23-20

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KENNETH BERLIN	40.00			х				442,926.	0.	22 042
PRESIDENT & CEO (2) JAYNE KRIER	40.00			^				442,920.	0.	22,043.
DIR., HR & ADMIN. (UNTIL 12/2020)	40.00	-				X		381,919.	0.	24,494.
(3) PIA NELSON	40.00							301,313.	0.	24,474.
DIR., INFO SYSTEMS (UNTIL 11/2020)	10.00	ł				x		249,280.	0.	17,010.
(4) VANESSA LAVALLEE	40.00					<del> </del>		213,2000		27,0200
SVP OF OPERATIONS & TREASURER		1		х				208,721.	0.	23,282.
(5) ERIN TAYLOR	40.00							,		- ,
SVP OF PROGRAMS		1			Х			183,351.	0.	24,536.
(6) STEPHEN MILLS	40.00									
DIRECTOR OF STRATEGIC PARTNERSHIPS						Х		174,288.	0.	25,748.
(7) DAVID JENKINS	40.00									
CHIEF FINANCIAL OFFICER				Х				179,333.	0.	10,495.
(8) ELIZABETH KENDRICK	40.00									
SVP OF COMMUNICATIONS					Х			164,720.	0.	9,971.
(9) HAROLD CONNOLLY	30.00									
POLICY DIRECTOR	1000					Х		153,944.	0.	19,622.
(10) RYAN TOWELL	40.00					l		150 061	•	10 450
DIRECTOR OF SCIENCE & SOLUTIONS	1 00					Х		153,361.	0.	19,472.
(11) THE HONERABLE ALBERT GORE	1.00	٠,,		37				_	0	0
CHAIRMAN (10) FURDORE DOOGNALE THE	1.00	Х		Х				0.	0.	0.
(12) THEODORE ROOSEVELT IV	1.00	X		х				0.	0.	0.
SECRETARY (13) LARRY J. SCHWEIGER	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) THE HON. SHERWOOD BOEHLERT	1.00							0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) ORIN S. KRAMER	1.00	<del></del>								<u></u>
DIRECTOR		x						0.	0.	0.
(16) CINDY HORN	1.00							-		
DIRECTOR		Х						0.	0.	0.
(17) JAMES GUSTAVE SPETH	1.00									
DIRECTOR		Х						0.	0.	0.

032007 12-23-20

Form 990 (2020) I RE ALLI	ANCE FUI	7 (	دىد	L IATE	<u>7 T 1</u>	<u> </u>	אני	JIECTION	07-0743	049 Page o	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)				<b>C</b> )			(D)	(E)	(F)		
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) DON HENRY	1.00								•		
DIRECTOR	1	Х						0.	0.	0.	
(19) ROSINA BIERBAUM	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(20) MANUELA HERZER	1.00	٠,,							0	_	
DIRECTOR	1 00	Х						0.	0.	0.	
(21) CATHERINE FLOWERS	1.00	<b>.</b> ,							0	_	
DIRECTOR	1 00	Х						0.	0.	0.	
(22) CHIEF OREN LYONS	1.00	<b>.</b> ,						0.	0	_	
DIRECTOR	1.00	Х						0.	0.	0.	
(23) ROSAMUND ZANDER	1.00	X						0.	0.	_	
DIRECTOR	1.00	^						0.	0.	0.	
(24) ROBERT D. BULLARD	1.00	X						0.	0.	0.	
DIRECTOR	1.00	^						0.	0.	0.	
(25) DONNEL BAIRD DIRECTOR (FROM 12/2020)	1.00	X						0.	0.	0.	
(26) STEPHANIE SHEPHERD	1.00	^						0.	0.	· ·	
DIRECTOR (FROM 12/2020)	1.00	x						0.	0.	0.	
					<u> </u>			2,291,843.	0.	196,673.	
1b Subtotal c Total from continuation sheets to Part \								0.	0.	0.	
d Total (add lines 1b and 1c)								2,291,843.	0.	196,673.	
Total number of individuals (including but							10 re				
compensation from the organization	not innited to ti	1030	iioto	Ju ai	50 V (	<i>5)</i> WI	10 10	scewed more than \$100	,,000 of reportable	20	
compondation norm the organization										Yes No	
3 Did the organization list any former office	r director trust	مو ا	(ev e	emn	love	e 0	hia	hest compensated emr	olovee on	122 110	
but the organization list any former office	, ,	,	.cy c	, in	. Jy G	. J, J	····g	, loca componidated emp	,	0 Y	

			Yes	No
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		X
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	Х	
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		X

#### Section B. Independent Contractors

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) Name and business address	(B) Description of services	(C) Compensation
	·	Compensation
FIELDWORKS, LLC	GROSSROOTS EDUCATION	
P.O. BOX 9897, WASHINGTON, DC 20016	& ORGANIZING	2,293,493.
HARTMANN STUDIOS, INC., 4600 WESTOWN	EVENT PRODUCTION &	
PARKWAY, WEST DES MOINES, IA 50266	MANAGEMENT	1,925,867.
GPG ACQUISITION, INC., 1025 F STREET NW,	DIGITAL	_
9TH FL, WASHINGTON, DC 20004	COMMUNICATIONS	312,110.
SHOULDERHILL ENTERTAINMENT, LLC	EVENT PRODUCTION &	
447 W. 36TH STREET, NEW YORK, NY 10018	MANAGEMENT	298,364.
M+R STRATEGIC SERVICES, 1101 CONNECTICUT	DIGITAL ADVOCACY &	
AVE NW, 7TH FL, WASHINGTON, DC 20036	FUNDRAISING	290,756.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 7		
		222

						FO	R CLIM	ATE PROTEC	TION	87-0745	629 Page <b>9</b>
Pa	π	VIII									
			Check if Schedule O	cont	ains a respons	e or n	ote to any lir	ne in this Part VIII	/=>		
									(B)	(C)	( <b>D)</b> Revenue excluded
								Total revenue	Related or exempt function revenue		l
									lanction revenue	business revenue	sections 512 - 514
SS	4		Federated campaigns		1a						
an											
בַּ פַ			Membership dues								
ts,			Fundraising events								
Gif		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibuti	ions) <b>1e</b>						
rior		f	All other contributions, gifts,	grant	ts, and						
the			similar amounts not included	abov	ve   1f	21	,427,596.				
ÖĒ		a	Noncash contributions included in		· · · · <del></del>		,605,218.				
Š		_						21,427,596.			
<u> </u>			Total. Add lines 1a-1f					21,427,330.			
						Bu	siness Code				
ce	2	2 a									
e Z		b				.					
Su		С									
am		d									
Program Service Revenue		е									
Pro			All other program service	rovo	anue.	·					
_	_		Total. Add lines 2a-2f								
	3	5	Investment income (include	•	-		50 504			F0 F04	
		other similar amounts)  Income from investment of tax-exempt bond pro						52,704.			52,704.
	4	ļ			-						
	5	5	Royalties	. <u></u>			📐				
					(i) Real	(ii	) Personal				
	6	a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c	1						
			Net rental income or (loss)		L						
	_		Gross amount from sales of	<u>'                                    </u>	(i) Securities		(ii) Other				
	•	а			_ · · ·		(11) Oth 101				
		_	assets other than inventory	7a	5,069,408	<u>'-</u>					
•		b	Less: cost or other basis								
/enne			and sales expenses	7b		_					
		С	Gain or (loss)	7с	52,028	3.					
. Be		d	Net gain or (loss)		<u></u>		<b>)</b>	52,028.			52,028.
Other	8	a	Gross income from fundraising	ng ev	ents (not						
ð			including \$		of						
			contributions reported on								
			Part IV, line 18		8	a					
		h	Less: direct expenses		8	_					
			Net income or (loss) from			_					
						<del>-                                      </del>					
	9	a	Gross income from gamin								
			Part IV, line 19			_					
			Less: direct expenses			b					
		С	Net income or (loss) from	gam	ning activities_		<u></u>				
	10	) a	Gross sales of inventory, I	ess	returns						
			and allowances		10	)a					
		b	Less: cost of goods sold			)b					
			Net income or (loss) from				<b></b>				
_				2310	vv		siness Code				
cellaneous Revenue	44	la	OTHER REVENUE			_	00099	51,338.			51,338.
nec	' '	-				·		31,330.			31,338.
lla ven		b	-			-					
افِيق		С				. L					

032009 12-23-20

156,070. Form **990** (2020)

51,338

21,583,666.

d All other revenue ......

e Total. Add lines 11a-11d

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations		224 224						
	and domestic governments. See Part IV, line 21	304,034.	304,034.						
2	Grants and other assistance to domestic	10 011	10 011						
	individuals. See Part IV, line 22	12,911.	12,911.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	1 000 647	1 000 647						
	individuals. See Part IV, lines 15 and 16	1,823,647.	1,823,647.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	1 260 270	704 940	62 207	110 222				
_	trustees, and key employees	1,269,378.	794,849.	62,207.	412,322				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	F 700 400	F 140 017	F.C.C. C7F	C 0.40				
7	Other salaries and wages	5,722,432.	5,148,917.	566,675.	6,840				
8	Pension plan accruals and contributions (include	220 515	200 240	20 426	7 4 7				
	section 401(k) and 403(b) employer contributions)	229,515.	208,342.	20,426.	747				
9	Other employee benefits	464,395.	401,733.	40,242.	22,420				
10	Payroll taxes	487,729.	419,686.	39,184.	28,859				
11	Fees for services (nonemployees):								
а	Management	0.65 0.54	000 600	40.005					
b	Legal	265,074.	209,639.	48,336.	7,099				
С	Accounting	42,455.		42,455.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17	391,096.			391,096				
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch 0.)	3,130,385.	3,023,043.	77,822.	29,520				
12	Advertising and promotion	359,965.	306,239.	71.	53,655				
13	Office expenses	249,816.	192,798.	41,317.	15,701				
14	Information technology	578,235.	497,968.	50,080.	30,187				
15	Royalties								
16	Occupancy	490,848.	321,605.	147,570.	21,673				
17	Travel	89,505.	77,474.	8,066.	3,965				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,187,892.	2,185,836.	2,056.					
20	Interest	348.	348.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	47,636.	31,210.	14,323.	2,103				
23	Insurance	109,763.	74,965.	30,342.	4,456				
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 0.)  RIGHTS & LICENSES	143,965.	143,965.						
	PUBLICATIONS & SUBS.	87,733.	78,485.	6,026.	3,222				
b	SUSTAINABILITY	41,148.	29,886.	9,820.	1,442				
q	MERCHANT FEES	33,719.	45,000.	33,719.	1,444				
d		36,700.	11,054.	25,271.	375				
	All other expenses	18,600,324.	16,298,634.	1,266,008.	1,035,682				
25	Total functional expenses. Add lines 1 through 24e	10,000,324.	10,490,034.	1,200,000	1,033,002				
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 <b>990</b> (2020				

Га	IL A	Dalance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,492,925.	1	1,968,201.
	2	Savings and temporary cash investments			5,209,343.	2	13,429,325.
	3	Pledges and grants receivable, net			5,386,740.	3	262,875.
	4	Accounts receivable, net				4	31,816.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
its		under section 4958(f)(1)), and persons describe	d in sed	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			410,128.	9	255,961.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,009,728.			
	b	Less: accumulated depreciation	10b	893,500.	163,864.	10c	116,228.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4 500 555	14	4 54 2 2 2 5		
	15	Other assets. See Part IV, line 11			1,728,577.	15	1,713,885.
	16	Total assets. Add lines 1 through 15 (must equ		•	15,391,577.	16	17,778,291.
	17	Accounts payable and accrued expenses		F	837,949.	17	668,024.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		T		21	
Liabilities	22	Loans and other payables to any current or form					
Ξ		trustee, key employee, creator or founder, subs		i i		00	
Lia		controlled entity or family member of any of the		T		22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa		T		24	
	25						
		parties, and other liabilities not included on lines of Schedule D	5 17-24	). Complete Fart X	1,831,499.	25	1,408,479.
	26	Total liabilities. Add lines 17 through 25			2,669,448.	26	2,076,503.
	20	Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.	/OIX 1101				
anc	27	Net assets without donor restrictions			6,102,852.	27	15,241,767.
Bal	28	Net assets with donor restrictions			6,619,277.	28	460,021.
nd		Organizations that do not follow FASB ASC 9					
Ţ		and complete lines 29 through 33.	ŕ	·			
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		T		31	
Net	32	Total net assets or fund balances		F	12,722,129.	32	15,701,788.
	33	Total liabilities and net assets/fund balances			15,391,577.	33	17,778,291.

5	6	2	9	Pa	ge	12	2

Pa	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		,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,60		
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,983,342		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	12,722,129		
5	Net unrealized gains (losses) on investments	5		-3,683.		
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	15	,70	1,7	88.
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					
	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 separat					
	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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	<b>3a</b> 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?				За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ALLIANCE FOR CLIMATE PROTECTION **Employer identification number** 87-0745629

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
Γhe	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch					I)(A)(i).			
2		A school described in <b>sect</b> i								
3		A hospital or a cooperative					i).			
4		A medical research organiz						the hospital's name.		
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in		
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III		
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)			
6	X	A federal, state, or local gov						nublic described in		
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \					
8		A community trust describe						a alla ma		
9		An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or		
40		university:	. (4)							
10		An organization that norma								
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	•				201 1141			
11		An organization organized	•	•	-					
12		An organization organized a		•	=		•			
		more publicly supported or	~					neck the box in		
_		lines 12a through 12d that	* *			-	<del>_</del>	. at ta		
а		☐ <b>Type I.</b> A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•				
		the supported organization			a majority (	of the aire	ctors or trustees of the s	supporting		
		organization. You must o								
b			•					•		
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea		
		organization(s). You mus	-					1 20		
С		☐ Type III functionally inte					• •	ed with,		
		its supported organization		•						
d		☐ Type III non-functionally						` '		
		that is not functionally int	•	•	•		•	iveness		
		requirement (see instruct	· ·	-						
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III			
	<b></b>	functionally integrated, or	* *	nally integrated support	ing organiz	zation.				
Т		er the number of supported o	•							
<u>g</u>		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	`	organization	(-,	(described on lines 1-10	in your governi <b>Yes</b>	ng document? <b>No</b>	support (see instructions)	support (see instructions)		
				above (see instructions))						
Γ∩t:	al									

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar 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							
	membership fees received. (Do not							
	include any "unusual grants.")	10,438,238.	12,006,754.	26,503,302.	18,820,458.	21,427,596.	89,196,348.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	10,438,238.	12,006,754.	26,503,302.	18,820,458.	21,427,596.	89,196,348.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						35,470,189.	
6	Public support. Subtract line 5 from line 4.						53,726,159.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	10,438,238.	12,006,754.	26,503,302.	18,820,458.	21,427,596.	89,196,348.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	3,023.	4,798.	22,231.	58,107.	52,704.	140,863.	
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.)				3,754.	51,338.	55,092.	
11	<b>Total support.</b> Add lines 7 through 10						89,392,303.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)		
_	organization, check this box and stop	here					<u></u> ▶□	
	ction C. Computation of Publ						60.10	
14	Public support percentage for 2020 (					14	60.10 %	
15	Public support percentage from 2019					15	56.70 %	
16a	33 1/3% support test - 2020. If the							
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the	-						
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes	ū					•	
	and if the organization meets the fact				<u>-</u>	_		
	meets the facts-and-circumstances to	-		*	-			
b	10% -facts-and-circumstances tes	_					10% or	
	more, and if the organization meets the		·					
	organization meets the facts-and-circ							
18	<b>Private foundation.</b> If the organization	on ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, cneck this box a	ına see instruction	s 🗩 📖	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	ow, piedoe com	ipicto i dit ii.)				
Calendar 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			, ,	, ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
6 Total. Add lines 1 through 5		+		+	+	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1	1	1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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	organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	-			•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lin	e 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 202	0 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2020. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2019.</b> If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <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 yea(see instructions	) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	r <del>-</del>		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	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				
_	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. <b>Answer lines 3a and 3b below.</b>			
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 <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	v intear	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Sect	ion 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			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	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			
С	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 Part VI. 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.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE ALLIANCE FOR CLIMATE PROTECTION

87-0745629

Organization ty	pe (check one).
Filers of:	Section:
Form 990 or 990	X = 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
	ganization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or sy) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section any on	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 as 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 a 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; orm 990-EZ, line 1. Complete Parts I and II.
contrib literary	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one utor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in column (b) instead of the contributor name and address), II, and III.
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., e. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively s, charitable, etc., contributions totaling \$5,000 or more during the year \infty \$
but it <b>must</b> ansv	anization 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), ver "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 esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

#### THE ALLIANCE FOR CLIMATE PROTECTION

87-0745629

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,036,832.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,085,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,720,000.	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
4	Name, audiess, and Zir + 4	\$ 2,187,875.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 731,325.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,150,000 <b>.</b>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### THE ALLIANCE FOR CLIMATE PROTECTION

87-0745629

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### THE ALLIANCE FOR CLIMATE PROTECTION

87-0745629

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,600 SHARES OF AMAZON		
		\$5,036,832 <b>.</b>	08/17/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	12,500 SHARES OF SPOTIFY	_	
		\$\$ <u>2,187,875.</u>	05/19/20
(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
		_	
		<u> </u>	
(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
		_	
000450 11 05			000 000 FZ ar 000 PE) (0000)

Name of organization **Employer identification number** 87-0745629 THE ALLIANCE FOR CLIMATE PROTECTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE C**

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

		(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organiz					loyer identification number
			IANCE FOR CLIMAT			87-0745629
Pa	art I-A C	Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 o	organization.
2	Political car	mpaign activity expendit	ation's direct and indirect politic ures gn activities		<b>▶</b> 9	S
Pa	art I-B	Complete if the org	janization is exempt und	ler section 501(c)(	3).	
1	Enter the a	mount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b> 9	<u> </u>
2	Enter the a	mount of any excise tax	incurred by organization manag	ers under section 4955	▶\$	<u> </u>
3	If the organ	ization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
k	f "Yes," de	scribe in Part IV.				
Pa	art I-C	Complete if the org	janization is exempt und	ler section 501(c),	except section 501	(c)(3).
1	Enter the a	mount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities > 9	S
2	Enter the a	mount of the filing organ	ization's funds contributed to ot	her organizations for se		
						S
3			. Add lines 1 and 2. Enter here a		_	
						S
4			1120-POL for this year?			
5	made paym contribution	nents. For each organiza	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also enter t anization, such as a separa	he amount of political
	(	a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

(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	(e) Total				
2a Lobbying nontaxable amount	914,959.	939,900.	1,000,000.	1,000,000.	3,854,859.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,782,289.				
<b>c</b> Total lobbying expenditures	10,860.	16,946.	4,609.	14,860.	47,275.				
<b>d</b> Grassroots nontaxable amount	228,740.	234,975.	250,000.	250,000.	963,715.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,445,573.				
f Grassroots lobbying expenditures	7,391.	694.	823.	6,935.	15,843.				

Schedule C (Form 990 or 990-EZ) 2020

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
C	Total				
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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the exceeds the exceeds the exceeds the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds				
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t 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 lines 1 :	and 2 (See	
	uctions); 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

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE ALLIANCE FOR CLIMATE PROTECTION

**Employer identification number** 87-0745629

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd 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	-			
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$				L Yes  No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(	h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

032051 12-01-20

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

Pai	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	<b>ts</b> (contini	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following tha	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be mai	ntained as part of t	the orga	nization's co	ollection?				Yes		☐ No_
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	table:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabili	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pai	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (	<b>(d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations										<u> </u>
b	If "Yes" on line 3a(ii), are the related organizati								3b		<u> </u>
Do:	Describe in Part XIII the intended uses of the		wment	funds.							
Pal	rt VI Land, Buildings, and Equipme			, ,, ,, ,			l: 40				
	Complete if the organization answered							.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	d	(d) Book	valu	е
1a	Land										
	Buildings										
	Leasehold improvements				4,189.		74,32				67.
d	Equipment				0,964.		704,60		6	, 3	61.
<u>e</u>	Other				.4,575.	1	14,5	75.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	10c.)			<b>&gt;</b>	116	, 2	28.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE ALLIANC	E FOR CLIMATI	E PROTECTION 87-	0745629 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM CLIMATE REALITY	ACTION FUND		302,751.
(2) RIGHT OF USE ASSET			1,179,800.
(3) DEPOSITS			221,334.
(4) OTHER ASSETS			10,000.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	1,713,885.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	·		(b) Book value
(1) Federal income taxes			
			1 400 400

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) OPERATING LEASE LIABILITY

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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... X

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 THE ALLIANCE FOR	CLIMATE PRO	OTECTI	ON	87-	0745629 Page 4
Par	rt XI Reconciliation of Revenue per Audited Fin		ts With R	evenue per R	eturr	ո.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.				04 550 000
1	Total revenue, gains, and other support per audited financial sta	***************************************			1	21,579,983
	Amounts included on line 1 but not on Form 990, Part VIII, line 1	i		2 (02		
а	Net unrealized gains (losses) on investments		2a	-3,683.		
b	Donated services and use of facilities		2b			
	Recoveries of prior year grants	T T	2c			
d	Other (Describe in Part XIII.)		2d			-3,683
_	J				2e	21,583,666
3	Subtract line 2e from line 1				3	21,303,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line	i				
	Investment expenses not included on Form 990, Part VIII, line 7	T	4a			
	Other (Describe in Part XIII.)		4b			0
	Add lines 4a and 4b				4c	21,583,666
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, F rt XII Reconciliation of Expenses per Audited Fir				5 Dotu	
Fai	Complete if the organization answered "Yes" on Form 99		iitə witii i	zyperises per	netu	
1	Total expenses and losses per audited financial statements				1	18,600,324
	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	ı	2a			
b	Prior year adjustments	The state of the s	2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
		_			2e	0.
3	Subtract line 2e from line 1				3	18,600,324
	Amounts included on Form 990, Part IX, line 25, but not on line					
	Investment expenses not included on Form 990, Part VIII, line 7	i	4a			
		T	4h			
	A stat Borner Alexandr Alexandr				4c	0.
					5	18,600,324
	rt XIII Supplemental Information.	r art i, iiric ro.)				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1a and 4: Part IV	/ lines 1b an	d 2b: Part V line	1· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				1, 1 a.c	. 74, m 10 2, 1 are 74,
		to promac any adding				
PAR	RT X, LINE 2:					
FOR	R THE YEARS ENDED DECEMBER 31, 20	020 AND 201	9, THE	ORGANIZA	TIO	N HAS
DOC	CUMENTED ITS CONSIDERATION OF FAS	SB ASC 740-	10, IN	COME TAXE	S,	THAT
PRC	OVIDES GUIDANCE FOR REPORTING UNC	CERTAINTY I	N INCO	ME TAXES	AND	HAS
DET	TERMINED THAT NO MATERIAL UNCERTA	AIN TAX POS	ITIONS	QUALIFY	FOR	EITHER
REC	COGNITION OR DISCLOSURE IN THE FI	INANCIAL ST	ATEMEN'	rs.		

Schedule D (Form 990) 2020

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

87-0745629

THE	ALLIANCE	FOR	CLIMATE	PROTECTION		87-0745629
Part	I General	nform	ation on Act	ivities Outside the	United States. Complete if the organ	nization answered "Yes" on
	Form 990, F	Part IV, lii	ne 14b.			

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... X Yes No

3 Activities per Region. (T  (a) Region	(b) Number of (c) Number of		an be duplicated if additional space is ne	(e) If activity listed in (d)	(f) Total
(a) Negion	offices	èmployees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
	l and region	contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	g,		in the region
			GRANTS TO RECIPIENTS		
EUROPE	0	0	LOCATED IN THE REGION		705,000
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN THE REGION		150,000
			GRANTS TO RECIPIENTS		
NORTH AMERICA	0	0	LOCATED IN THE REGION		340,500
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION		160,000
EAST ASIA & THE			GRANTS TO RECIPIENTS		
PACIFIC	0	0	LOCATED IN THE REGION		468,147
<b>3 a</b> Subtotal <b>b</b> Total from continuation	0	C			1,823,647
sheets to Part I	0	C			0
c Totals (add lines 3a					
and 3b)	0	(			1,823,647

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

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL LEADERSHIP	500,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GLOBAL LEADERSHIP	150,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL LEADERSHIP	148,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GLOBAL LEADERSHIP	160,000.	WIRE TRANSFER	0.		
		EAST ASIA & THE PACIFIC	GLOBAL LEADERSHIP	135,000.	WIRE TRANSFER	0.		
		EUROPE	GLOBAL LEADERSHIP	205,000.	WIRE TRANSFER	0.		
		EAST ASIA & THE PACIFIC	GLOBAL LEADERSHIP	23,750.	WIRE TRANSFER	0.		
		NORTH AMERICA	GLOBAL LEADERSHIP	192,500.	WIRE TRANSFER	0.		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

10

	F (FOIIII 990)			CHIPMID INCIDCI			43023		Page Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA & THE				_		
			PACIFIC	GLOBAL LEADERSHIP	155,000.	WIRE TRANSFER	0.		
			EAST ASIA & THE						
				GLOBAL LEADERSHIP	50 000.	WIRE TRANSFER	0.		
									+
									-

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash noncash assistance assistance TO ENGAGE & SUPPORT LOCAL CLIMATE REALITY LEADERS WITH PROGRAMS, CAMPAIGNS & POLICY EAST ASIA & THE TARGETS PACIFIC 104,397. WIRE TRANSFER 3 0.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Forn	n 990) 2020

032074 12-03-20

## Schedule F (Form 990) 2020 Part V | Supplemental Information

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

### PART I, LINE 2:

GRANTEE SHALL SEND WRITTEN GRANT REPORTS TO CLIMATE REALITY ACCORDING TO THE GRANT AGREEMENT. THE REPORT INCLUDES BOTH A NARRATIVE AND FINANCIAL REPORTS. THE NARRATIVE REPORT SHALL DESCRIBE IN SPECIFIC DETAIL WHAT THE GRANTEE HAS ACCOMPLISHED USING THE GRANT IN FURTHERANCE OF ACHIEVING OF PURPOSES FOR WHICH THE GRANT WAS MADE AND HOW THE GRANTEE HAS OR HAS NOT COMPLIED WITH THE TERMS OF THE GRANT TO THE DATE OF THE GRANT. THE NARRATIVE REPORT SHALL ALSO CONTAIN COPIES OF ALL PRINTED PRESS COVERAGE OF, OR REFERENCES TO, GRANTEES' WORK FUNDED BY THE GRANT, AND INFORMATION ABOUT ALL OTHER RELATED MEDIA COVERAGE. WHERE APPLICABLE, NUMBERS, DATES, OTHER METRICS OR SPECIFIC DETAILS SHALL BE REPORTED AS THEY DIRECTLY RELATE TO THE PURPOSE OF THE GRANT. THE FINANCIAL REPORT SHALL REFLECT ALL GRANT FUND RECEIPTS AND EXPENDITURES, AND ANY INCOME EARNED OR DERIVED, AS OF THE DATE OF THE GRANT REPORT. THE REPORT SHALL ALSO INCLUDE AN ANALYSIS OF THE BUDGET VERSUS ACTUAL SPENDING, AND ANY DIFFERENCES BETWEEN THE TWO SHALL BE EXPLAINED. BOTH THE NARRATIVE AND FINANCIAL REPORTS SHALL INCLUDE A REPORT OF LEGISLATIVE LOBBYING ACTIVITY, IF ANY, CONDUCTED WITH GRANT FUNDS.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE ALLIANCE FOR CLIMATE PROTECTION

Employer identification number

87-0745629

required to complete this part.						filers are not
<b>b</b> If "Yes," list the 10 highest paid indivi	e Solicitat f Solicitat g X Special  r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover ising o ding of	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
key employees listed in Form 990, Part VII) or entity in connection with p b If "Yes," list the 10 highest paid individuals or entities (fundraisers) purs compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)  M+R STRATEGIC SERVICES - 1101 CONNECTICUT AVE. NW, 7TH FL, ANNE LEWIS STRATEGIES, LLC - 650 MASSACHUSETTS AVE NW, CENICOLA CONSULTING LLC - 140 RIVERSIDE BOULEVARD, #7J, NEW  Key employees listed in Form 990, Part VII) or entity in connection with p (ii) Activity  ONLINE MARKETING & FUNDRAISING SERVICES  NATIONAL FUNDRAISING EVENTS & DONOR ENGAGEMENT	(iii) Did fundraiser have custody or control of contributions		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
M+R STRATEGIC SERVICES - 1101	ONLINE MARKETING &	Yes	No			
CONNECTICUT AVE. NW, 7TH FL,	FUNDRAISING SERVICES		Х	597,113.	287,025.	310,087.
ANNE LEWIS STRATEGIES, LLC -	ONLINE MARKETING &					
	FUNDRAISING SERVICES		Х	199,038.	38,071.	160,967
	NATIONAL FUNDRAISING					
(IVERSIDE BOULEVARD, #/J, NEW E	EVENTS & DONOR ENGAGEMENT		Х	147,500.	66,000.	81,500.
Total				943,651.	391,096.	552,554.

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NV,NY OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

(event type) (event type) (total number)  1 Gross receipts  2 Less: Contributions  3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses  10 Direct expenses summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.	ore than \$15,000 greater than \$5,000.
1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2)  4 Cash prizes 5 Noncash prizes 6 Renti/facility costs 7 Food and beverages 9 Other direct expenses 10 Direct expense summary. Add lines 2 through 5 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Saming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c	(d) Total events add col. (a) through col. (c))
2 Less: Contributions 3 Gross income (line 1 minus line 2)  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Code 1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Ves % Ves % Yes % Yes % 1 Ves % Yes % 1 Pos No 1	Col. (C))
2 Less: Contributions 3 Gross income (line 1 minus line 2)  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Code 1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Ves % Ves % Yes % Yes % 1 Ves % Yes % 1 Pos No 1	
3 Gross income (line 1 minus line 2)	
3 Gross income (line 1 minus line 2)	
4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  9 Yes 96 Yes 96 Yes 96 No No No	
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Other gaming (c) Other gaming (c) Other gaming (c) Other direct expenses  4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor Yes % Yes % Yes % Yes % No No	
6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Other gamin	
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Net income summary. Subtract line 10 from line 3, column (d) 13 Net income summary. Subtract line 10 from line 3, column (d) 14 Separt III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c)	
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Othe	
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Othe	
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Othe	
9 Other direct expenses	
11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Other	
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Ot	
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Co  1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Co  2 Cash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Co  4 Rent/facility costs (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Co  5 Other direct expenses (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Other gaming (c) Co  7 Other direct expenses (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Ot	
Company   Comp	
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Wolunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)	d) Total gaming (add
1 Gross revenue	l. (a) through col. (c)
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Wes	
5 Other direct expenses	
5 Other direct expenses	
7 Direct expense summary. Add lines 2 through 5 in column (d)	
6 Volunteer labor No No No  7 Direct expense summary. Add lines 2 through 5 in column (d)	
8. Net gaming income summary. Subtract line 7 from line 1. column (d)	
Net garning income summary. Outstract fine 7 normine 1, column (d)	
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?	Yes No
<b>b</b> If "No," explain:	
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes No
032082 11-25-20 Schedule G (Form	990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 THE ALLIANCE FOR CLIMATE PROTECTION 87-0	745629	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation  \$		
Description of services provided ▶		
Director/officer Employee Independent contractor		_
bliector/onicei Employee independent contractor		
<ul><li>Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to</li></ul>		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
organization's own exempt activities during the tax year > \$		
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	: S:	
/T\ NAME OF BUNDDATGED. M.D. GEDAMEGIG GEDATGEG		
(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES		
(I) ADDRESS OF FUNDRAISER:		
1101 CONNECTICUT AVE. NW, 7TH FL, WASHINGTON, DC 20036		
(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES, LLC		
(I) ADDRESS OF FUNDRAISER:		
650 MASSACHUSETTS AVE NW, SUITE 505, WASHINGTON, DC 20001		
032083 11-25-20 Schedule G (Form	n 990 or 990	-EZ) 2020

## SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

#### THE ALLIANCE FOR CLIMATE PROTECTION

Employer identification number 87 – 0745629

		CLIMATE PROT	PECTION				87-0745629
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "`	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	<del>i '</del>	<del>'</del>	<del>1 ' 1</del>		(f) Method of	1	
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							ENGAGING PEOPLE FROM
WEST HARLEM ENVIRONMENTAL ACTION,							UNDERREPRESENTED GROUPS
INC 1854 AMSTERDAM AVE. 2ND FL							IN CLIMATE CHANGE-RELATED
- NEW YORK, NY 10031	13-3800068	501(C)(3)	6,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
THE CLEO INSTITUTE							UNDERREPRESENTED GROUPS
2103 CORAL WAY, 2ND FL							IN CLIMATE CHANGE-RELATED
MIAMI, FL 33145	27-3185735	501(C)(3)	8,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
NEW FLORIDA MAJORITY EDUCATION							UNDERREPRESENTED GROUPS
FUND - 10800 BISCAYNE BLVD, SUITE							IN CLIMATE CHANGE-RELATED
1050 - MIAMI, FL 33161	27-0167620	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
SOUTHWEST DETROIT ENVIRONMENTAL							UNDERREPRESENTED GROUPS
VISION - 2525 CLARK STREET -							IN CLIMATE CHANGE-RELATED
DETROIT, MI 48209	38-3068006	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
SHENANDOAH GREEN							UNDERREPRESENTED GROUPS
202 S. LEWIS STREET							IN CLIMATE CHANGE-RELATED
STAUNTON, VA 24401	84-2554390	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
NC CLIMATE JUSTICE COLLECTIVE							UNDERREPRESENTED GROUPS
P.O. BOX 61051							IN CLIMATE CHANGE-RELATED
DURHAM, NC 27715	56-1734433	501(C)(3)	10,000.	0.			EFFORTS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in the	he line 1 table				<b>21.</b>
3 Enter total number of other organization							

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Page 1

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENGAGING PEOPLE FROM
GEORGIA INTERFAITH POWER AND LIGHT							UNDERREPRESENTED GROUPS
701 S COLUMBIA DR BOX 326							IN CLIMATE CHANGE-RELATED
DECATUR, GA 30030	26-3446212	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
FAITH IN PLACE							UNDERREPRESENTED GROUPS
955 HIGHLAND AVE.							IN CLIMATE CHANGE-RELATED
GLEN ELLYN, IL 60137	36-4540756	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
FAITH ALLIANCE FOR CLIMATE							UNDERREPRESENTED GROUPS
SOLUTIONS - P.O. BOX 2012 -							IN CLIMATE CHANGE-RELATED
RESTON, VA 20195	81-2816482	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
DREAM IN GREEN							UNDERREPRESENTED GROUPS
2103 CORAL WAY, 2ND FL							IN CLIMATE CHANGE-RELATED
MIAMI, FL 33145	20-5196010	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
CORAZON LATINO, INC.							UNDERREPRESENTED GROUPS
4370 E. ABRAHAM LANE							IN CLIMATE CHANGE-RELATED
PHOENIX, AZ 85050	82-3390896	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
BRIDGING THE GAP IN VIRGINIA							UNDERREPRESENTED GROUPS
2507 5TH AVE							IN CLIMATE CHANGE-RELATED
RICHMOND, VA 23222	90-0453604	501(C)(3)	10,000.	0.			EFFORTS
ARKANSAS INTERFAITH POWER & LIGHT			· ·				ENGAGING PEOPLE FROM
600 PLEASANT VALLEY DR. SECOND							UNDERREPRESENTED GROUPS
PRESBYTERIAN CHURCH - LITTLE ROCK,							IN CLIMATE CHANGE-RELATED
AR 72227	27-1143249	501(C)(3)	10,000.	0.			EFFORTS
			, -	-			ENGAGING PEOPLE FROM
ALLIANCE FOR AFFORDABLE ENERGY							UNDERREPRESENTED GROUPS
4505 S. CLAIRBORNE AVE.							IN CLIMATE CHANGE-RELATED
NEW ORLEANS, LA 70125	72-1057834	501(C)(3)	10,000.	0.			EFFORTS
GREENACTION FOR HEALTH &		(-)(-)	25,300.	•••			ENGAGING PEOPLE FROM
ENVIRONMENTAL JUSTICE - 315 SUTTER							UNDERREPRESENTED GROUPS
STREET, 2ND FL - SAN FRANCISCO, CA							IN CLIMATE CHANGE-RELATED
94108	43-2050242	501(C)(3)	10,000.	0.			EFFORTS
	15 2050242	701(0/(3/	10,000.	٠.		1	Schedule I (Form 990

Page 1

Part II Continuation of Grants and Other				,		1	415
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENGAGING PEOPLE FROM
LOWCOUNTRY ALLIANCE FOR MODEL							UNDERREPRESENTED GROUPS
COMMUNITIES - 2125 DORCHESTER ROAD							IN CLIMATE CHANGE-RELATED
- NORTH CHARLESTON, SC 29405	20-3779178	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
SOCIETY OF NATIVE NATIONS							UNDERREPRESENTED GROUPS
10730 POTRANCO ROAD, SUITE 122-282							IN CLIMATE CHANGE-RELATE
SAN ANTONIO, TX 78251	81-0984252	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
HISPANIC FEDERATION							UNDERREPRESENTED GROUPS
20 N. ORANGE AVE., SUITE 1100							IN CLIMATE CHANGE-RELATE
ORLANDO, FL 32801	13-3573852	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
ALLIED MEDIA PROJECTS							UNDERREPRESENTED GROUPS
4126 THIRD ST							IN CLIMATE CHANGE-RELATE
DETROIT, MI 48201	01-0559608	501(C)(3)	10,000.	0.			EFFORTS
							ENGAGING PEOPLE FROM
GREEN DOOR INITIATIVE							UNDERREPRESENTED GROUPS
7650 SECOND AVE., SUITE 109							IN CLIMATE CHANGE-RELATE
DETROIT, MI 48202	27-3467703	501(C)(3)	10,000.	0.			EFFORTS
CENTER FOR RURAL ENTERPRISE &			,				REDUCE HEALTH AND
ENVIRONMENTAL JUSTICE INC - 8121							ECONOMIC DISPARITIES AND
LONGNEEDLE PLACE - MONTGOMERY, AL							IMPROVE ACCESS TO CLEAN
36117	83-3405078	501(C)(3)	110,034.	0.			AIR, WATER, AND SOIL IN
			·				
	1	1	1		ı	1	Schedule I (Form 99

Schedule I (Form 990) 2020 THE ADDIANCE FO	OK CHIMAI	E PROIECTI	ON		01-0143023	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	•	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assis	stance
CRLC TRAINING SCHOLARSHIPS	37	12,911.	0.			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
GRANTEE SHALL SEND WRITTEN GRANT I	REPORTS T	O CLIMATE	REALITY AC	CORDING TO		
THE GRANT AGREEMENT. THE REPORT II	NCLUDES B	OTH A NARR	ATIVE AND	FINANCIAL		
REPORTS. THE NARRATIVE REPORT SHAI	LL DESCRI	BE IN SPEC	IFIC DETAI	L WHAT THE		
GRANTEE HAS ACCOMPLISHED USING TH	E GRANT I	N FURTHERA	NCE OF ACH	IEVING OF		
PURPOSES FOR WHICH THE GRANT WAS 1	MADE AND	HOW THE GR	ANTEE HAS	OR HAS NOT		
COMPLIED WITH THE TERMS OF THE GRA	ANT TO TH	E DATE OF	THE GRANT.	THE		
NARRATIVE REPORT SHALL ALSO CONTA	IN COPTES	OF ALL PR	INTED PRES	S COVERAGE		

Schedule I (Form 990) Part IV | Supplemental Information ABOUT ALL OTHER RELATED MEDIA COVERAGE. WHERE APPLICABLE, NUMBERS, DATES, OTHER METRICS OR SPECIFIC DETAILS SHALL BE REPORTED AS THEY DIRECTLY RELATE TO THE PURPOSE OF THE GRANT. THE FINANCIAL REPORT SHALL REFLECT ALL GRANT FUND RECEIPTS AND EXPENDITURES, AND ANY INCOME EARNED OR DERIVED, AS OF THE DATE OF THE GRANT REPORT. THE REPORT SHALL ALSO INCLUDE AN ANALYSIS OF THE BUDGET VERSUS ACTUAL SPENDING, AND ANY DIFFERENCES BETWEEN THE TWO SHALL BE EXPLAINED. BOTH THE NARRATIVE AND FINANCIAL REPORTS SHALL INCLUDE A REPORT OF LEGISLATIVE LOBBYING ACTIVITY, IF ANY, CONDUCTED WITH GRANT FUNDS. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR RURAL ENTERPRISE & ENVIRONMENTAL JUSTICE INC (H) PURPOSE OF GRANT OR ASSISTANCE: REDUCE HEALTH AND ECONOMIC DISPARITIES AND IMPROVE ACCESS TO CLEAN AIR, WATER, AND SOIL IN MARGINALIZED RURAL COMMUNITIES

Schedule I (Form 990)

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

**Compensation Information** 

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE ALLIANCE FOR CLIMATE PROTECTION

**Employer identification number** 87-0745629

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

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

Schedule J (Form 990) 2020

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	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) KENNETH BERLIN	(i)	392,926.	50,000.	0.	17,100.	4,943.	464,969.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAYNE KRIER	(i)	194,919.	0.	187,000.	11,656.	12,838.	406,413.	0.
DIR., HR & ADMIN. (UNTIL 12/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PIA NELSON	(i)	137,980.	0.	111,300.	8,306.	8,704.	266,290.	0.
DIR., INFO SYSTEMS (UNTIL 11/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VANESSA LAVALLEE	(i)	208,721.	0.	0.	13,356.	9,926.	232,003.	0.
SVP OF OPERATIONS & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN TAYLOR	(i)	183,351.	0.	0.	12,014.	12,522.	207,887.	0.
SVP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHEN MILLS	(i)	174,288.	0.	0.	10,438.	15,310.	200,036.	0.
DIRECTOR OF STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID JENKINS	(i)	179,333.	0.	0.	6,794.	3,701.	189,828.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELIZABETH KENDRICK	(i)	164,720.	0.	0.	1,797.	8,174.	174,691.	0.
SVP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HAROLD CONNOLLY	(i)	153,944.	0.	0.	9,250.	10,372.	173,566.	0.
POLICY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RYAN TOWELL	(i)	153,361.	0.	0.	9,191.	10,281.	172,833.	0.
DIRECTOR OF SCIENCE & SOLUTIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE BOARD CHAIRMAN WILL PERIODICALLY TRAVEL FIRST CLASS TO PROVIDE A
MEASURE OF SAFETY AND SECURITY DUE TO HIS VERY HIGH PUBLIC PROFILE.
PART I, LINE 4A:
THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS:
- JAYNE KRIER \$187,000
- PIA NELSON \$111,300
PART I, LINE 7:
KENNETH BERLIN RECEIVED A BONUS PAYMENT OF \$50,000.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization Employer identification number THE ALLIANCE FOR CLIMATE PROTECTION 87-0745629 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

(b) Relationship between

interested person and the organization

Schedule L (Form 990 or 990-EZ) 2020

(e) Purpose of

assistance

(c) Amount of

assistance

(a) Name of interested person

(d) Type of

assistance

Schedule L (Form 990 or 990-EZ) 2020

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

THE ALLIANCE FOR CLIMATE PROTECTION

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

87-0745629

Schedule M (Form 990) 2020

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermin	_	:s
1	Art - Works of art		items contributed	Tomingoo, rait viii, iiric	9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6								
7	Cars and other vehicles							
8	Boats and planes Intellectual property							
9	Securities - Publicly traded	X	7	7,605,218	B.FMV			
10	Securities - Closely held stock		<u>'</u>	,,000,1220				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to b	e used for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contr	ibutions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is o	hecked,			
	describe in Part II.							

032141 11-23-20

LHA

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

032142 11-23-20

Schedule M (Form 990) 2020

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

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE ALLIANCE FOR CLIMATE PROTECTION

**Employer identification number** 87-0745629

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CLIMATE REALITY LEADERS ARE MOBILIZING COMMUNITIES FOR CLIMATE SOLUTIONS, SHAPING PUBLIC OPINION AND DRIVING CHANGE IN COUNTRIES AROUND THE WORLD. IN 2020, THE ORGANIZATION TRAINED 9,710 NEW CLIMATE LEADERS IN OVER THE COURSE OF TWO GLOBAL VIRTUAL TRAININGS.

CLIMATE REALITY LEADERS COMPLETED OVER 51,653 CLIMATE ACTIONS IN 2020, AND ENGAGED IN NUMEROUS CAMPAIGNS AROUND THE WORLD. IN THE US, CHAPTERS ARE THE ORGANIZATION'S MOST VIBRANT PLATFORMS FOR COLLECTIVE ACTION, ENGAGING CLIMATE REALITY LEADERS ALONGSIDE MEMBERS OF THE PUBLIC FROM THEIR LOCAL AREA IN SELF-DETERMINED CAMPAIGNS. WITH THIS CHAPTER THE ORGANIZATION PROVIDES THE RESOURCES, NETWORK, AND INFRASTRUCTURE TO SUPPORT LOCAL GROUPS OF ACTIVISTS PURSUE COMMON GOALS TOGETHER. ESTABLISHED IN LATE 2017, THE PROGRAM HAS GROWN RAPIDLY, WITH 138 CHAPTERS IN 39 STATES POWERED BY MORE THAN 14,000 MEMBERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BY MAIL AND ON THE GROUND. PART OF OUR CIVIC ENGAGEMENT EFFORTS THIS YEAR INCLUDED A LARGE GOTV ONLINE PROGRAM TO ENCOURAGE YOUNG PEOPLE TO VOTE CALLED YOUR VOTE, YOUR WORLD, WHICH WAS HELD ON NATIONAL VOTE EARLY DAY, OCTOBER 24, AND IN PARTNERSHIP WITH EARTHDAY.ORG AND THE HIP HOP CAUCUS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTERNATIONAL BRANCHES: THE ORGANIZATION'S 11 INTERNATIONAL BRANCHES

ARE HELPING COUNTRIES IMPLEMENT AND STAY ACCOUNTABLE TO THE EMISSIONS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

THE ALLIANCE FOR CLIMATE PROTECTION

Employer identification number 87-0745629

REDUCTIONS COMMITMENTS THEY MADE IN THE HISTORIC PARIS AGREEMENT IN

2015. BRANCH OFFICES ARE MOBILIZING CLIMATE REALITY LEADERS AND

ENGAGING ELITE STAKEHOLDERS, BUILDING STRONG POPULAR SUPPORT FOR

CLIMATE ACTION IN COUNTRIES AND REGIONS THAT SHAPE PUBLIC OPINION.

BRANCH OFFICES ARE LOCATED IN AFRICA, AUSTRALIA & THE PACIFIC, BRAZIL,

CANADA, CHINA, EUROPE, INDIA, INDONESIA, JAPAN, MEXICO & LATIN AMERICA,

AND THE PHILIPPINES. TOGETHER, THESE BRANCH OFFICES WORK COOPERATIVELY

ON GLOBAL CAMPAIGNS AND INTERNATIONAL POLICY UNDER THE UN FRAMEWORK.

EXPENSES \$ 1,904,993. INCLUDING GRANTS OF \$ 1,323,647. REVENUE \$ 0.

CLIMATE SPEAKERS NETWORK: THROUGH THE CLIMATE SPEAKERS NETWORK PROGRAM,

THE ORGANIZATION PARTNERS WITH GRASSROOTS AND COMMUNITY-BASED

ORGANIZATIONS ACROSS THE U.S. TO TRAIN PEER MESSENGERS FROM A RANGE OF

CONSTITUENCIES INCLUDING ENVIRONMENTAL JUSTICE, FAITH-BASED, AND

FRONTLINE COMMUNITIES TO ACT AS TRUSTED MESSENGERS ON CLIMATE CHANGE TO

THEIR COMMUNITIES ON A GRASSROOTS LEVEL.

THE ORGANIZATION HAS ALSO PARTNERED WITH THE WORLD ECONOMIC FORUM'S

GLOBAL SHAPERS, MEMBERS OF A WORLDWIDE NETWORK OF OVER 7,000 YOUNG

CHANGE-MAKERS, ON CLIMATE COMMUNICATION AND ACTIVISM. THE PARTNERSHIP

HAS HELPED PRODUCE A WIDE RANGE OF COMMUNITY-BASED CLIMATE PROJECTS,

INCLUDING TACKLING ILLEGAL WOOD CUTTING AND DEFORESTATION IN ARMENIA, A

DOCUMENTARY ON RIVERINE COMMUNITIES IN THE BRAZILIAN AMAZON, AN ONLINE

TOOL TO HELP CONSUMERS CALCULATE THE ENVIRONMENTAL IMPACTS OF THEIR

FASHION CHOICES AND BEHAVIORS, AND A TOOL TO ASSIST IN HOSTING

SUSTAINABLE EVENTS AND CALCULATING CARBON EMISSIONS.

EXPENSES \$ 363,672. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EXPENSES \$ 866,788.

THE ALLIANCE FOR CLIMATE PROTECTION

STRATEGIC PARTNERSHIPS: THE ORGANIZATION PARTNERS WITH ORGANIZATIONS

ACROSS THE CLIMATE COMMUNITY AND BEYOND TO DEVELOP JOINT OUTREACH AND

EVENTS THAT ENABLE THEM TO LEVERAGE EACH PARTNER'S STRENGTHS AND

EXPERTISE AND OPEN DOORS TO NEW AUDIENCES TO AMPLIFY THEIR MESSAGE AND

CREATE AN EVEN GREATER IMPACT TOGETHER. THROUGH THE CLIMATE JUSTICE

GRANTS PROGRAM, THE ORGANIZATION SUPPORTS GRASSROOTS PARTNERS FIGHTING

FOR ENVIRONMENTAL JUSTICE AND BRINGS FRONTLINE LEADERS AND COMMUNITIES

OF COLOR TO THE FOREFRONT OF THE CLIMATE MOVEMENT.

INCLUDING GRANTS OF \$ 206,911. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ALLIANCE FOR CLIMATE PROTECTION'S DIRECTOR OF FINANCE WILL RECEIVE THE FORM 990 FROM ITS ACCOUNTING FIRM. THE DIRECTOR OF FINANCE WILL FORWARD THE FORM 990 TO BOARD MEMBERS FOR THEIR REVIEW. BOARD MEMBERS MAY THEN FORWARD QUESTIONS, IF ANY, TO THE DIRECTOR OF FINANCE. THE DIRECTOR OF FINANCE WILL WORK WITH ITS ACCOUNTING FIRM TO ADDRESS THE QUESTIONS FROM THE BOARD, IF ANY, PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER, AND ANY MEMBER OF THE COMMITTEE WITH

GOVERNING BOARD DELEGATED POWERS MUST ANNUALLY SIGN A STATEMENT WHICH

AFFIRMS SUCH PERSON: (I) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST

POLICY; (II) HAS READ AND UNDERSTANDS THE POLICY; (III) HAS AGREED TO

COMPLY WITH THE POLICY; AND (IV) UNDERSTANDS THE ORGANIZATION IS

CHARITABLE, AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST

ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES. THE ORGANIZATION ALSO CONDUCTS PERIODIC REVIEWS AND

CONSULTS WIH THIRD PARTIES TO DETERMINE WHETHER THE COMPENSATION AND

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** THE ALLIANCE FOR CLIMATE PROTECTION 87-0745629 BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND WHETHER THE PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENT OF GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES, AND DO NOT RESULT TO INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR IN AN EXCESSIVE BENEFIT TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS SET A COMPENSATION LEVEL CONSISTENT WITH SALARIES OF EXECUTIVE OFFICERS AT OTHER MAJOR NATIONAL ENVIRONMENTAL ORGANIZATIONS AND HAVE REFERRED TO RELEVANT COMPENSATION STUDIES WITH THE FINAL ACCEPTANCE OF THE BOARD. THE MOST RECENT COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2020. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: CLIMATE REALITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE ON OUR WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL SERVICES:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

321,007.

31,558.

10,870.

PROGRAM SERVICE EXPENSES

FUNDRAISING EXPENSES

MANAGEMENT AND GENERAL EXPENSES

Name of the organization  THE ALLIANCE FOR CLIMATE PROTECTION	Employer identification number 87-0745629
TOTAL EXPENSES	363,435.
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	727,145.
MANAGEMENT AND GENERAL EXPENSES	46,264.
FUNDRAISING EXPENSES	18,650.
TOTAL EXPENSES	792,059.
VOTER REGISTRATION:	
PROGRAM SERVICE EXPENSES	1,968,843.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,968,843.
MEDIA SERVICES:	
PROGRAM SERVICE EXPENSES	6,048.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,048.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,130,385.