TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2021

<table>
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<tr>
<th>Prepared for</th>
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<tbody>
<tr>
<td>ECONOMIC POLICY INSTITUTE</td>
</tr>
<tr>
<td>1225 EYE STREET, NW 600</td>
</tr>
<tr>
<td>WASHINGTON, DC 20005</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Prepared by</th>
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<tbody>
<tr>
<td>GELMAN, ROSENBERG &amp; FREEDMAN</td>
</tr>
<tr>
<td>4550 MONTGOMERY AVE SUITE 800N</td>
</tr>
<tr>
<td>BETHESDA, MD 20814–2930</td>
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<th>Amount due or refund</th>
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<th>Mail tax return and check (if applicable) to</th>
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<th>Return must be mailed on or before</th>
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<table>
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<tr>
<th>Special Instructions</th>
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<tr>
<td>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.</td>
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</tbody>
</table>
Return of Organization Exempt From Income Tax

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

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.

Form 990
Department of the Treasury
Internal Revenue Service

For the 2021 calendar year, or tax year beginning and ending

** PUBLIC DISCLOSURE COPY **

B Name of organization
ECONOMIC POLICY INSTITUTE

C Employer identification number
52-1368964

D Paid
RICHARD J. LOCASTRO, CPA
Gross receipts $ 16,543,411.

F Name and address of principal officer
HEIDI SHERIHALZ
SAME AS C ABOVE

G Telephone number
(202) 775-8810

H(a) Is this a group return
X Yes No

H(b) Are all subordinates included?
X Yes No

If "No," attach a list. See instructions

I Tax-exempt status: X 501(c)(3) 501(c) ( )

J Form of organization: X Corporation Trust Association Other

K Web site: WWW.EPI.ORG

L Year of formation: 1984

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

Activities & Governance

Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 29

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 62

6 Total number of volunteers (estimate if necessary) 6 28

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h) Prior Year 11,626,793. Current Year 16,234,706.

9 Program service revenue (Part VIII, line 2g) 13,220. 1,381.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 711.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 737,422. 224,060.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,377,435. 16,459,436.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 386,316. 1,915,881.

14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,767,551. 6,202,312.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0.

17 Total fundraising expenses (Part IX, column (D), line 25) 574,227.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,919,271. 10,418,323.

19 Revenue less expenses. Subtract line 18 from line 12 4,458,164. 6,041,113.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
HEIDI SHERIHALZ, PRESIDENT

Type or print name and title

Date

Firm’s name
Gelman, Rosenberg & Freedman

Firm’s EIN 52-1392008

Preparer’s signature

Date
11/14/2022

Check □ self-employed PTIN P00288314

Firm’s address
4550 Montgomery Ave Suite 800N

Phone no. (301) 951-9090

BETHESDA, MD 20814-2930

May the IRS discuss this return with the preparer shown above? See instructions
X Yes □ No

LHA 12-09-21

Form 990 (2021)
**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III: [X]

1. Briefly describe the organization’s mission:
   TO INFORM AND EMPOWER INDIVIDUALS TO SEEK SOLUTIONS THAT ENSURE BROADLY SHARED PROSPERITY AND OPPORTUNITY. THE INSTITUTE IS A NON-PROFIT, NON-PARTISAN THINK TANK, CREATED TO BROADEN DISCUSSIONS ABOUT ECONOMIC POLICY TO INCLUDE THE NEEDS OF LOW AND MIDDLE-INCOME

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
   If "Yes," describe these changes on Schedule O.

4. Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.
   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   **4a**
   (Code: ) (Expenses $ 3,422,407, including grants of $ 1,914,881.) (Revenue $ )
   **ECONOMIC ANALYSIS AND RESEARCH NETWORK (EARN): EARN IS A NATIONWIDE NETWORK OF ORGANIZATIONS ADVANCING AN INCLUSIVE, WORKER CENTERED ECONOMY THROUGH STATE AND LOCAL POLICY CHANGE AND RIGOROUS RESEARCH. WE PRODUCE RESEARCH AND POLICY ANALYSIS TO HELP OUR PARTNERS MAKE THE ECONOMIC CASE FOR POLICIES THAT WILL CREATE A MORE WORKER CENTERED, EQUITABLE ECONOMY.**

   **4b**
   (Code: ) (Expenses $ 2,567,082, including grants of $ 1,000.) (Revenue $ )
   **RESEARCH: EPI PRODUCES THE HIGHEST QUALITY RESEARCH AND POLICY ANALYSIS, WIELDING THE TOOLS OF ECONOMICS TO ADVANCE THE INTERESTS OF WORKING FAMILIES. AREAS OF RESEARCH INCLUDE LABOR STANDARDS, MACROECONOMICS, IMMIGRATION POLICY, RETIREMENT SECURITY, FISCAL POLICY, AND TRADE POLICY.**

   **4c**
   (Code: ) (Expenses $ 1,169,063, including grants of $ ) (Revenue $ 1,381.)
   **POLICY: EPI USES POLICY ANALYSIS AND ADVOCACY TO BUILD POWER FOR WORKING PEOPLE. WE PARTNER WITH NATIONAL AND STATE GRASSROOTS ACTIVISTS, ADVOCACY ORGANIZATIONS, ACADEMICS, AND LABOR UNIONS TO ADVANCE ECONOMIC, RACIAL, AND GENDER JUSTICE. OUR EXPERTS PROVIDE TESTIMONY, SPEECHES, AND PRESENTATIONS AND PRODUCE ANALYSES AND REPORTS ON A VARIETY OF ISSUES FACING WORKERS.**

4d Other program services (Describe on Schedule O.)
   (Expenses $ 1,538,874, including grants of $ ) (Revenue $ 1,725.)

4e Total program service expenses ▶ 8,697,426.
### Part IV Checklist of Required Schedules

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**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - If "Yes," complete Schedule A.

2. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4. 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.

5. If "Yes," complete Schedule D, Part IV.

6. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

7. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

8. Did the organization report an amount in an 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. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

10. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

11. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

12. 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.

13. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

14. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

15. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

16. Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule D, Parts XI and XII.

17. Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule D, Parts I and IV.

18. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule D, Parts III and IV.

19. Did the organization report more than $15,000 of total fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule D, Part I.

20. 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.

21. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

22. 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 17? If "Yes," complete Schedule I, Parts I and II.

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ECONOMIC POLICY INSTITUTE 52-1368964

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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 II

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d. Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?

25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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 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 II

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

28. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

b. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

c. A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a. Enter the number reported in box 3 of Form 1096. Enter 0 if not applicable

b. Enter the number of Forms W-2G included on line 1a. Enter 0 if not applicable

c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes No

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

#### 2a. 
- **Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.**
- **Yes**
- **No**

#### 2b. 
- **If at least one is reported on line 2a, did the organization file all required federal employment tax returns?**
- **Yes**
- **No**

**Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

#### 3a. 
- **Did the organization have unrelated business gross income of $1,000 or more during the year?**
- **Yes**
- **No**

#### 3b. 
- **If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.**

#### 4a. 
- **At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?**
- **Yes**
- **No**

#### 4b. 
- **If "Yes," enter the name of the foreign country.**


#### 5a. 
- **Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?**
- **Yes**
- **No**

#### 5b. 
- **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**
- **Yes**
- **No**

#### 5c. 
- **If "Yes" to line 5a or 5b, did the organization file Form 8886-T?**

#### 6a. 
- **Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?**
- **Yes**
- **No**

#### 6b. 
- **If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?**

#### 7. Organizations that may receive deductible contributions under section 170(c).

- **Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?**
- **Yes**
- **No**

#### 7a. 
- **If "Yes," did the organization notify the donor of the value of the goods or services provided?**
- **Yes**
- **No**

#### 7b. 
- **If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?**
- **Yes**
- **No**

#### 7c. 
- **If "Yes," indicate the number of Forms 8282 filed during the year.**

#### 7d. 
- **If "Yes," indicate the number of Forms 8282 filed during the year.**

#### 7e. 
- **Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**
- **Yes**
- **No**

#### 7f. 
- **Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**
- **Yes**
- **No**

#### 7g. 
- **If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?**
- **Yes**
- **No**

#### 7h. 
- **If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?**
- **Yes**
- **No**

#### 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?**
- **Yes**
- **No**

#### 9. Sponsoring organizations maintaining donor advised funds.

- **Did the sponsoring organization make any taxable distributions under section 4966?**
- **Yes**
- **No**

#### 10. Section 501(c)(7) organizations.

- **Initiation fees and capital contributions included on Part VIII, line 12.**

#### 11. Section 501(c)(12) organizations.

- **Gross income from members or shareholders.**
- **Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)**

#### 12a. Section 4947(a)(1) non-exempt charitable trusts.

- **Is the organization filing Form 990 in lieu of Form 1041?**
- **Yes**
- **No**

#### 12b. Section 4947(a)(1) non-exempt charitable trusts.

- **If "Yes," enter the amount of tax-exempt interest received or accrued during the year.**

#### 13. Section 501(c)(29) qualified nonprofit health insurance issuers.

- **Is the organization licensed to issue qualified health plans in more than one state?**
- **Yes**
- **No**

**Note:** See the instructions for additional information the organization must report on Schedule O.

#### 13a. 
- **If the organization is licensed to issue qualified health plans in more than one state, 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.**

#### 13b. 
- **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.**

#### 13c. 
- **Enter the amount of reserves on hand.**

#### 14a. 
- **Did the organization receive any payments for indoor tanning services during the tax year?**
- **Yes**
- **No**

#### 14b. 
- **If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.**

#### 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?**
- **Yes**
- **No**

**Note:** See the instructions and file Form 4720, Schedule N.

#### 16. 
- **Is the organization an educational institution subject to the section 4968 excise tax on net investment income?**
- **Yes**
- **No**

#### 17. Section 501(c)(21) organizations.

- **Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?**
- **Yes**
- **No**

**Note:** See the instructions for additional information the organization must report on Schedule O.
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ... 29
   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. 28

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X

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? X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? X

6 Did the organization have members or stockholders? X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? X
   b Each committee with authority to act on behalf of the governing body? X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses on Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? X

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe on Schedule O how this was done. X

13 Did the organization have a written whistleblower policy? X

14 Did the organization have a written document retention and destruction policy? X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization’s CEO, Executive Director, or top management official X
   b Other officers or key employees of the organization X

If “Yes” to line 15a or 15b, describe the process on Schedule O. See instructions. X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ➤ NONE

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

   X I own website   Another’s website X Upon request   Other (explain on Schedule O) X

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. X

20 State the name, address, and telephone number of the person who possesses the organization’s books and records ➤ JASPER COX - (202) 775-8810

   1225 EYE STREET, NW, 600, WASHINGTON, DC 20005
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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 key employees, if any. See the instructions for definition of "key employee."
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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 officers, directors, trustees, 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 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.

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

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 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 key employees, if any. See the instructions for definition of "key employee."
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) JOSE P. GARZA MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) ELISE GOULD MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(20) TERESA GHILARDUCCI MEMBER</td>
<td>0.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) JACOB HACKER MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) SUSAN HELPER MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) MARY KAY HENRY MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) ROBERT JOHNSON MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) ROBERT KUTTNER MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) WILMA LIEBMAN MEMBER</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1b Subtotal | 1,234,093. | 0. | 208,180. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | |
| d Total (add lines 1b and 1c) | 1,234,093. | 0. | 208,180. | 0. | 0. |
| 2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization | 19 |

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.

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.

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.

---

### Section B. Independent Contractors

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERRI GERSTEIN, 163 PROSPECT PARK WEST APT 1L, BROOKLYN, NY 11215</td>
<td>PROJECT CONSULTING</td>
<td>130,000.</td>
</tr>
</tbody>
</table>

| 2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 1 |

---

SEE PART VII, SECTION A CONTINUATION SHEETS
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) LISA LYNCH</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(28) ROBERT MARTINEZ, JR.</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(29) DEBRA NESS</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(30) MANUEL PASTOR</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(31) LORI PELLETIER</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(32) THOMAS PEREZ</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(33) BECKY PRINGLE</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(34) LEE SAUNDERS</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(35) CHRISTOPHER M. SHELTON</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
<tr>
<td>(36) RANDI WEINGARTEN</td>
<td>0.10</td>
<td>MEMBER</td>
<td>0.00 X</td>
<td>0.00 X</td>
<td>0.00 X</td>
</tr>
</tbody>
</table>

**Total to Part VII, Section A, line 1c**
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td>28,446.</td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>16,206,260.</td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>h</td>
<td>16,234,706.</td>
<td></td>
</tr>
<tr>
<td>2a HONORARIA</td>
<td>2a</td>
<td>1,381.</td>
<td>1,381.</td>
</tr>
<tr>
<td>2b</td>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>2e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td>2f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>g</td>
<td>1,381.</td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>5</td>
<td>115,912.</td>
<td>115,912.</td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>6a</td>
<td>97,327.</td>
<td>(i) Real</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>6b</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>6c</td>
<td>97,327.</td>
<td>(ii) Personal</td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>6d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td>83,132.</td>
<td>(i) Securities</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td>83,975.</td>
<td>(ii) Other</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>7c</td>
<td>-843.</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>7d</td>
<td>-843.</td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td>8a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>8b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>8c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td>1,725.</td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>10b</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a OTHER REVENUE</td>
<td>11a</td>
<td>9,096.</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>11b</td>
<td></td>
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</tr>
<tr>
<td>11c</td>
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</tr>
<tr>
<td>11d</td>
<td>11d</td>
<td></td>
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</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td>11e</td>
<td>9,096.</td>
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</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td>12</td>
<td>16,459,436.</td>
<td>3,106.</td>
</tr>
</tbody>
</table>
### 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** [ ]

<table>
<thead>
<tr>
<th></th>
<th>Total expenses</th>
<th>Program service expenses</th>
<th>Management and general expenses</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,915,881</td>
<td>1,915,881</td>
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</tr>
<tr>
<td>2</td>
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<td>a</td>
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<td>b</td>
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<td>a</td>
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<tr>
<td>e</td>
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<tr>
<td>25</td>
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</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total functional expenses. Add lines 1 through 24**

10,418,323  8,697,426  1,146,670  574,227

*Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.*
### Part X - Balance Sheet

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>7,651,648</td>
<td>9,128,688</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>4,487,224</td>
<td>8,425,744</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>517,037</td>
<td>101,780</td>
</tr>
<tr>
<td>4</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prepaid expenses and deferred charges</td>
<td>49,055</td>
<td>130,639</td>
</tr>
<tr>
<td>9a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,370,968</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: accumulated depreciation</td>
<td>885,765</td>
<td>517,931</td>
</tr>
<tr>
<td>10</td>
<td>Investments - publicly traded securities</td>
<td>73,279</td>
<td>996,679</td>
</tr>
<tr>
<td>11</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other assets. See Part IV, line 11</td>
<td>199,096</td>
<td>235,435</td>
</tr>
<tr>
<td>14</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>13,495,270</td>
<td>19,510,723</td>
</tr>
<tr>
<td>15</td>
<td>Accounts payable and accrued expenses</td>
<td>855,679</td>
<td>828,165</td>
</tr>
<tr>
<td>16</td>
<td>Organizations that follow FASB ASC 958, check here ▶</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Net assets without donor restrictions</td>
<td>2,876,688</td>
<td>3,325,171</td>
</tr>
<tr>
<td>19</td>
<td>Net assets with donor restrictions</td>
<td>9,068,230</td>
<td>14,674,658</td>
</tr>
<tr>
<td>20</td>
<td>Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Total net assets or fund balances</td>
<td>11,944,918</td>
<td>17,999,829</td>
</tr>
<tr>
<td>25</td>
<td>Total liabilities and net assets/fund balances</td>
<td>13,495,270</td>
<td>19,510,723</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

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

<table>
<thead>
<tr>
<th></th>
<th>1 Total revenue (must equal Part VIII, column (A), line 12)</th>
<th>16,459,436.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 Total expenses (must equal Part IX, column (A), line 25)</td>
<td>10,418,323.</td>
</tr>
<tr>
<td></td>
<td>3 Revenue less expenses. Subtract line 2 from line 1</td>
<td>6,041,113.</td>
</tr>
<tr>
<td></td>
<td>4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>11,944,918.</td>
</tr>
<tr>
<td></td>
<td>5 Net unrealized gains (losses) on investments</td>
<td>13,798.</td>
</tr>
<tr>
<td></td>
<td>6 Donated services and use of facilities</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>7 Investment expenses</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>8 Prior period adjustments</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>9 Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>17,999,829.</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>X</td>
<td>Accrual</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part I: Reason for Public Charity Status

(All organizations must complete this part. See instructions.)

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7. 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). (Complete Part II.)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university;</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>f. Enter the number of supported organizations.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>g. Provide the following information about the supported organization(s).</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

#### Name of supported organization

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4,611,537</td>
<td>7,677,597</td>
<td>10,278,524</td>
<td>11,626,793</td>
<td>16,234,706</td>
<td>50,429,157</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 Total. Add lines 1 through 3</strong></td>
<td>4,611,537</td>
<td>7,677,597</td>
<td>10,278,524</td>
<td>11,626,793</td>
<td>16,234,706</td>
<td>50,429,157</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11,185,659</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39,243,498</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,611,537</td>
<td>7,677,597</td>
<td>10,278,524</td>
<td>11,626,793</td>
<td>16,234,706</td>
<td>50,429,157</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>177,961</td>
<td>174,386</td>
<td>174,650</td>
<td>737,422</td>
<td>213,371</td>
<td>1,477,790</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,096</td>
</tr>
<tr>
<td><strong>11 Total support. Add lines 7 through 10</strong></td>
<td>51,916,043</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>709,960</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 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) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

| Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 75.59 % |
| Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 74.11 % |
| **16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.** | | |
| The organization qualifies as a publicly supported organization | | |
| **16b 33 1/3% support test - 2020. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.** | | |
| The organization qualifies as a publicly supported organization | | |
| **17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization** | | |
| **17b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization** | | |
| **18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions** | | |
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2   Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3   Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4   Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5   The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6   Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7   Public support. (Subtract line 6 from line 8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9   Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11   Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12   Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13   Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 |
| Public support percentage from 2020 Schedule A, Part III, line 15 | 16 |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 |
| Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | |
### 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 directors, or trustees at all times during the tax year?</td>
<td>Yes No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes No</td>
</tr>
<tr>
<td>3. By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
</tr>
<tr>
<td>a. The organization satisfied the Activities Test. Complete line 2 below.</td>
<td>Yes No</td>
</tr>
<tr>
<td>b. The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td>Yes No</td>
</tr>
<tr>
<td>c. The organization operated a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td>Yes No</td>
</tr>
<tr>
<td>2. Activities Test. Answer lines 2a and 2b below.</td>
<td></td>
</tr>
<tr>
<td>a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how the organization determined that these activities constituted substantially all of its activities.</td>
<td>Yes No</td>
</tr>
<tr>
<td>b. Did the activities described on line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</td>
<td>Yes No</td>
</tr>
<tr>
<td>3. Parent of Supported Organizations. Answer lines 3a and 3b below.</td>
<td></td>
</tr>
<tr>
<td>a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If “Yes” or “No” provide details in Part VI.</td>
<td>Yes No</td>
</tr>
<tr>
<td>b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
### Part VI See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7 [ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI), See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2021</th>
<th>Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI), See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2021

132027 01-04-22
11571114 745960 13541 2021.04021 ECONOMIC POLICY INSTITUTE 13541__1
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990) |  Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization

ECONOMIC POLICY INSTITUTE

Employer identification number

52-1368964

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, etc., purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)

123451 11-11-21
**Part I**

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$2,150,816</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,630,065</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$700,000</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$650,000</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$600,000</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$500,000</td>
<td>Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part I Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$485,560.</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$425,000.</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$356,856.</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property
(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td>(c)</td>
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<td>(See instructions.)</td>
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<td>(See instructions.)</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Transferee’s name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
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Transferee’s name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</tbody>
</table>

Transferee’s name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
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</thead>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</tbody>
</table>

Transferee’s name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
**Supplemental Financial Statements**

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?
   - Yes
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   - Yes
   - No

**Part II**

**Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
   - Yes
   - No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
   - Yes
   - No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenue included on Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   - a. Revenue included on Form 990, Part VIII, line 1
   - b. Assets included in Form 990, Part X
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a □ Public exhibition
   b □ Scholarly research
   c □ Preservation for future generations
   d □ Loan or exchange program
   e □ Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? □ Yes □ No

Part IV Escrow and Custodial Arrangements. Complete if the organization 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No
   b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ~~~~

Part V Endowment Funds. Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Current year</td>
</tr>
<tr>
<td>(b) Prior year</td>
</tr>
<tr>
<td>(c) Two years back</td>
</tr>
<tr>
<td>(d) Three years back</td>
</tr>
<tr>
<td>(e) Four years back</td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ▶ %
   b Permanent endowment ▶ %
   c Term endowment ▶ %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations 3a(i)
   (ii) Related organizations 3a(ii)
   b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>351,275.</td>
<td>187,280.</td>
<td>163,995.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>445,936.</td>
<td>304,917.</td>
<td>141,019.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>573,757.</td>
<td>393,568.</td>
<td>180,189.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 485,203. |

Schedule D (Form 990) 2021
### Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
<tr>
<td>(A)</td>
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<td>(H)</td>
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</tbody>
</table>

**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 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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<tbody>
<tr>
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<td>(9)</td>
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</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

1. **(a) Description of liability**
   - (b) Book value
   - DEFERRED RENT ABATEMENT 628,294.
   - CAPITAL LEASE OBLIGATION 54,435.
   - (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) 2021

ECONOMIC POLICY INSTITUTE

52-1368964

Page 3
**Part XI**  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<table>
<thead>
<tr>
<th></th>
<th>Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 12a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
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**Part XII**  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

<table>
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<tr>
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<th>Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 12a.</th>
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<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
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<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
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<td></td>
<td>a Donated services and use of facilities</td>
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<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
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<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
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</tbody>
</table>

**Part XIII**  Supplemental Information.

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

---

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2021, THE INSTITUTE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
**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](http://www.irs.gov/Form990) for the latest information.

Name of the organization: **ECONOMIC POLICY INSTITUTE**  52-1368964

**Part I  General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **X Yes  □ No**

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

**Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION INSTITUTE NC 1817 CENTRAL AVENUE, SUITE 211  CHARLOTTE, NC 28205</td>
<td>56-1088116</td>
<td>501(C)(3)</td>
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<tr>
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<td>46-5635459</td>
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<td>63-1186365</td>
<td>501(C)(3)</td>
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<tr>
<td>ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES - 1400 WEST MARKHAM STREET, STE 306 - LITTLE ROCK, AR 72201</td>
<td>71-0492205</td>
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<td>61-1791941</td>
<td>501(C)(3)</td>
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2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ................................................................. 37

3. Enter total number of other organizations listed in the line 1 table .................................................................................................................. 2

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 21 NORTH PARK STREET, SUITE 6401 - MADISON, WI 53715-1218</td>
<td>37-1625640</td>
<td>501(C)(3)</td>
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<tr>
<td>CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND DRIVE, SUITE 200 - AUSTIN, TX 78752</td>
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<td>46-1235166</td>
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<td>COMMON GOOD IOWA 505 5TH AVENUE, SUITE 404 DES MOINES, IA 50309</td>
<td>86-1518320</td>
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<td>COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 EAST CARY STREET, SUITE 202 - RICHMOND, VA 23219</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>GRASSROOTS COLLABORATIVE 637 S DEARBORN STREET, 3RD FL</td>
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<td>CHICAGO, IL 60605</td>
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<td>LOS ANGELES ALLIANCE FOR A NEW ECONOMY - 464 LUCAS AVE., SUITE 202 - LOS ANGELES, CA 90017</td>
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<td>501(C)(3)</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td>34-1921881</td>
<td>501(C)(3)</td>
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<td>PUBLIC ALLIES, INC 735 N. WATER STREET, SUITE 550 MILWAUKEE, WI 53202</td>
<td>52-1759564</td>
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<td>TEXAS ORGANIZING PROJECT EDUCATION FUND – PO BOX 120296 – SAN ANTONIO, TX 78212</td>
<td>27-1481855</td>
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<td>TIDES CENTER LOCKBOX SERVICE BOX #399381, 2440 WALNUT AVE., BLDG. A, WINDOW H - FREMONT,</td>
<td>94-3213100</td>
<td>501(C)(3)</td>
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<tr>
<td>TIDES FOUNDATION PO BOX 399389 SAN FRANCISCO, CA 94139-9389</td>
<td>51-0195809</td>
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<tr>
<td>WEST VIRGINIA CENTER ON BUDGET AND POLICY – 8 CAPITOL ST, 4TH FL – CHARLESTON, WV 25301</td>
<td>56-2653132</td>
<td>501(C)(3)</td>
<td>$17,138</td>
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### Part III: Grants and Other Assistance to Domestic Individuals

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

Part III can be duplicated if additional space is needed.

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<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
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</tbody>
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### Part IV: Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**GRANT RECIPIENTS WRITE AN ANNUAL REPORT THAT DESCRIBES THEIR ACTIVITIES IN THE PRIOR GRANT YEAR AND INCLUDES A FINANCIAL REPORT. FOR THOSE THAT PERFORM AN ANNUAL AUDIT, A COPY OF THE AUDIT WAS REQUESTED WITH THEIR GRANT APPLICATION. AT THE END OF THE GRANT PERIOD, RECIPIENTS WILL WRITE A FINAL REPORT THAT INCLUDES A COMPREHENSIVE FINANCIAL STATEMENT.**
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.

Name of the organization: ECONOMIC POLICY INSTITUTE
Employer identification number: 52-1368964

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [X] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] 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.

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?

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
- [X] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [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:
   a Receive a severance payment or change-of-control payment?
   b Participate in or receive payment from a supplemental nonqualified retirement plan?
   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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
   a The organization?
   b Any related organization?

   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:
   a The organization?
   b Any related organization?

   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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

### (A) Name and Title

<table>
<thead>
<tr>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D) reported as deferred on prior Form 990</th>
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<tbody>
<tr>
<td>(i) Base compensation</td>
<td>(ii) Bonus &amp; incentive compensation</td>
<td>(iii) Other reportable compensation</td>
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<tr>
<td>(1) ARLENE WILLIAMS DIR. OF DEV. &amp; STRATEGIC PLANNING</td>
<td>168,586.</td>
<td>0.</td>
<td>0.</td>
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<td>(2) HEIDI SHIERHOLZ DIR. POL., THEN PRES (TRANS. @ 8/21)</td>
<td>173,052.</td>
<td>0.</td>
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<td>(3) JOHN SCHMITT SR. ECONOMIST &amp; SR. ADVISOR</td>
<td>167,049.</td>
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<td>(4) NAOMI WALKER VICE PRESIDENT</td>
<td>169,469.</td>
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<td>(5) LYLE J. BIVENS DIRECTOR OF RESEARCH</td>
<td>157,956.</td>
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<td>(6) CELINE MCNICHOLAS DIR., GOV'T AFFAIRS &amp; LABOR COUNSEL</td>
<td>162,231.</td>
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<td>0.</td>
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<td>(7) JASPER COX DIRECTOR OF FINANCE &amp; ADMINISTRATION</td>
<td>148,017.</td>
<td>0.</td>
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Schedule J (Form 990) 2021
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.

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORKERS. THE INSTITUTE BELIEVES EVERY WORKING PERSON DESERVES A GOOD JOB WITH FAIRPAY, AFFORDABLE HEALTH CARE, AND RETIREMENT SECURITY. TO ACHIEVE THIS GOAL, THE INSTITUTE CONDUCTS RESEARCH AND ANALYSIS ON THE ECONOMIC STATUS OF WORKING AMERICA. IN ADDITION, THE INSTITUTE PROPOSES PUBLIC POLICIES THAT PROTECT AND IMPROVE THE ECONOMIC CONDITIONS OF LOW AND MIDDLE-INCOME WORKERS AND ASSESSES POLICIES WITH RESPECT TO HOW THEY AFFECT THOSE WORKERS.

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

COMMUNICATIONS AND PUBLIC OUTREACH: EFFECTIVELY COMMUNICATES ITS IN-DEPTH RESEARCH AND POLICY ANALYSIS IN WAYS THAT CAN BE UNDERSTOOD AND SHARED BY A VARIETY OF AUDIENCES. EPI USES PODCASTS, VIDEO EXPLAINERS, AND SOCIAL MEDIA TO SHARE OUR RESEARCH AND POLICY ANALYSIS AND RECOMMENDATIONS.

EXPENSES $ 817,246. INCLUDING GRANTS OF $ 0. REVENUE $ 1,725.

PROGRAM ON RACE, ETHNICITY, AND THE ECONOMY (PREE): PREE EXPLORES AND EXPLAINS HOW RACE, ETHNICITY, AND CLASS INTERSECT TO AFFECT ECONOMIC OUTCOMES IN THE UNITED STATES. THIS IS DONE THROUGH RESEARCH, POLICY PAPERS, WORKSHOPS, SPEAKER SERIES, OTHER CONVENINGS, AND SOCIAL MEDIA.

EXPENSES $ 540,063. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

EDUCATION: DOCUMENTS THE IMPACT OF SOCIAL AND ECONOMIC INEQUALITY ON STUDENT ACHIEVEMENT, AND SUGGESTS POLICIES, WITHIN SCHOOL AND OUT, TO NARROW OUTCOME GAPS BETWEEN MIDDLE CLASS AND DISADVANTAGED STUDENTS.
ECONOMIC POLICY INSTITUTE

EXPENSES $181,565. INCLUDING GRANTS OF $0. REVENUE $0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE FINANCE AND ADMINISTRATION DIRECTOR. THE FINAL RETURN WAS REVIEWED BY THE FINANCE AND ADMINISTRATION DIRECTOR AND PRESIDENT AND THEN PROVIDED TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

CONFLICT OF INTEREST POLICY REMINDERS ARE DISTRIBUTED ANNUALLY. THE ENTIRE BOARD REVIEWS THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS COMPLETED BY ALL BOARD MEMBERS. DISBURSEMENTS ARE MONITORED AND ALL NEW VENDORS ARE VETTED FOR ANY RELATIONSHIPS.

IN DETERMINING A POTENTIAL CONFLICT OF INTEREST, THE INTERESTED PERSON DELIVERS ALL RELEVANT INFORMATION AND RETIRE FROM THE MEETING (BY LEAVING THE ROOM OR VIRTUAL MEETING SPACE). THE BOARD OR COMMITTEE THEN DETERMINES WHETHER OR NOT THE FINANCIAL INTEREST CREATES A CONFLICT OF INTEREST, WHICH MAY MERIT RECUSAL OF THE INTERESTED DIRECTOR FROM CONSIDERATION OF THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:


FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
### Part I  Identification of Disregarded Entities

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<th>(a)</th>
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<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
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### Part II  Identification of Related Tax-Exempt Organizations

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<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled entity?</td>
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<tr>
<td>EPI ACTION - 20-1173913</td>
<td>LOBBYING TO INFLUENCE</td>
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<td>Yes</td>
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<td>1225 EYE STREET, NW, SUITE 600</td>
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<td>WASHINGTON, DC 20005</td>
<td>ECONOMIC POLICY ISSUES</td>
<td>DISTRICT OF COLUMBIA</td>
<td>501(C)(4)</td>
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<td>No</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III

**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - (i) Receipt of interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - (b) Gift, grant, or capital contribution to related organization(s)
   - (c) Gift, grant, or capital contribution from related organization(s)
   - (d) Loans or loan guarantees to or for related organization(s)
   - (e) Loans or loan guarantees by related organization(s)
   - (f) Dividends from related organization(s)
   - (g) Sale of assets to related organization(s)
   - (h) Purchase of assets from related organization(s)
   - (i) Exchange of assets with related organization(s)
   - (j) Lease of facilities, equipment, or other assets to related organization(s)
   - (k) Lease of facilities, equipment, or other assets from related organization(s)
   - (l) Performance of services or membership or fundraising solicitations for related organization(s)
   - (m) Performance of services or membership or fundraising solicitations by related organization(s)
   - (n) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - (o) Sharing of paid employees with related organization(s)
   - (p) Reimbursement paid to related organization(s) for expenses
   - (q) Reimbursement paid by related organization(s) for expenses
   - (r) Other transfer of cash or property to related organization(s)
   - (s) Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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<td>(1) EPI ACTION</td>
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## Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2021