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.

2022 Open to Public

Department of the Treasury Internal Revenue Service Inspection For the 2022 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change CLEAN AIR TASK FORCE, INC. **-***2550 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 114 STATE STREET, 6TH FL 617-624-0234 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BOSTON G Gross receipts\$ 51,412,019 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending KAY MCCONAGHA 114 STATE STREET, 6TH FL H(b) Are all subordinates included? BOSTON If "No," attach a list. See instructions 02109 X 501(c)(3) Tax-exempt status: 4947(a)(1) or 527 (insert no.) WWW.CATF.US Website: H(c) Group exemption number X Corporation Form of organization: Association Year of formation: 2000 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PUSH THE TECHNOLOGY AND POLICY CHANGES NEEDED TO ACHIEVE A ZERO-EMISSIONS, Activities & Governance HIGH-ENERGY PLANET AT AN AFFORDABLE COST. 2 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 129 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 31,253,060 50,436,953 9 Program service revenue (Part VIII, line 2g) 314,625 616,788 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,847 77,064 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,421 3 700 31,575,953 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 134, 505 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,571,445 1,530,581 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 8,878,154 16,855 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,278,373 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,132,934 9,891,049 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 20,340,648 40,518,743 11,235,305 19 Revenue less expenses. Subtract line 18 from line 12 10,615,762 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 31,921,240 44,073,956 21 Total liabilities (Part X, line 26) 863,519 3,333,071 22 Net assets or fund balances. Subtract line 21 from line 20 30. 057.721 40,740,885 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 Sign Date Here KAY MCCONAGHA TREASURER & CFO Type or print name and title Print/Type preparer's name Preparer's signature Check Paid RICHARD B. DIONNE RICHARD B. DIONNE 05/23/23 self-employed Preparer **-***7204 ANSTISS & CO. Firm's name P.C Firm's EIN **Use Only** 6 OMNI WAY STE 201 CHELMSFORD, MA 01824-4187 978-452-2500 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes

4d Other program services (Describe on Schedule O.)

14,626,720 including grants of \$ 1,119,197) (Revenue \$ 489,488) (Expenses \$

4e Total program service expenses 25,652,525

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	!
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٦,
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	******	X
''	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	*******	*******	
a	assembled Calculus D. David H.	44.	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	מוו		- 1
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		-11
	reported in Part X, line 162 If "Vas." complete Schedule D. Part IV	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.5	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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	١		7.7
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defeace any tax exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		l	
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00	77	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	<u> </u>	
00	conservation contributions? If "Yes" complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	ļ		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.7	
	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u></u>
888 .	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Confedere C contains a response of note to any fine in this Fart v		Vac	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 93		Yes	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	†		
J	reportable gaming (gambling) winnings to prize winners?	1c	100000000	P0000000000
	M M M M M M M M M M M M M M M M M M M	,		

Pa	int V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the experiencial house unrelated business group income of \$4,000 as more during the unrelated					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?	y	ļ	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?		ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		,,,,			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne			
_				8		
9	Sponsoring organizations maintaining donor advised funds.					
a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	140-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
	Cross in some from an early are as always labor.	140	l			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	11a				
D	marked an area decided as a section of from those A	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form		2	12a		********
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	le the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	<u> </u>	
	If "Yes," complete Form 6069.					

Part VI

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

<u>Sec</u>	tion A. Governing Body and Wanagement					
		ا م	l 8		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0			
	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					
1_	committee, explain on Schedule O.	1b	8			
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		0			
2	and all an afficiant director trusted or key completed			2	X	**********
2	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			-	- 21	
3				3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was med. Did the organization become aware during the year of a significant diversion of the organization's assets?		• • • • • • • • • • • • • • • • • • • •	5		X
5				6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-		21
7a	and the second s			7a		Х
L	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			74		
b				7b		х
	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
8				8a	X	*********
a	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			- 00		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			de.)	L	L
000	tion B.1 Onoics (This decision B requests information about policios het regained by the inte	11700			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		******			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to c	onflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		••••			
_	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		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?			16b	L	<u> </u>
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MA					
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.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	olicy,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords				
	AY MCCONAGHA 114 STATE STREET 6TH FL	0.0		,		
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Section A.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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 orga	anization nor an	y rela	ted	orgai	niza	tion o	comp	pensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) JEFF BROWN										
DIRECTOR	2.00	x						0	0	0
(2) CLARENCE EDWARDS					:					
DIRECTOR	2.00	X						o	0	0
(3) CARRIE JENKS	0.00	72						· ·	V	
	2.00					i:				
DIRECTOR	0.00	X	ļ				ļ	0	. 0	0
(4) JANE C.S. LONG	2.00									
DIRECTOR	0.00	X						О	0	0
(5) BRUCE A. PHILLI										
DIRECTOR	2.00	X						0	0	0
(6) SUE D. SHERIDAN										
DIRECTOR	2.00	. X						0	0	0
(7) SIMONE TAGLIAPI	i .									
DIRECTOR	2.00	X						0	0	0
(8) ELIZABETH THOMP:	•									
DIRECTOR	2.00	X						0	0	0
(9) ARMOND M. COHEN										
	40.00			١.,				210 545		41 205
EXECUTIVE DIRECTOR (10) KAY MCCONAGHA	0.00	╂	-	X	-	+-		310,747	0	41,205
(10) RAI MCCONAGHA	35.00									
TREASURER & CFO	5.00	X		X				274,533	0	13,932
(11) ASHLEY KORN										
CT EDV	35.00	X		x				168,263	o	21,250
CLERK	1 3.00	14		1∇	1		1	100,203	<u> </u>	<u> </u>

-*2550

Part VI: Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an hours officer and a director/trustee) compensation compensation from the								(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(12) KURT WALTZER	40.00									
MANAGING DIRECTOR (13) AMANDA STORM-	40.00 0.00				X			277,196	0	52,383
CHIEF OF DEVELOPMENT	40.00				Х			256,920	0	24,721
(14) SARAH SMITH	40.00									
PROGRAM DIRECTOR (15) CONRAD G. SCH	0.00 INEIDER 35.00				X			251,480	0	43,593
SENIOR DIRECTOR (16) LARISSA LEE B	5.00				X			240,747	0	37,705
INT. DIRECTOR (17) CARLOS LEIPNE	40.00 0.00				Х			205,906	0	9,814
GNES DIRECTOR	40.00 0.00					х		236,459	0	13,817
(18) ANDREW PLACE CLIMATE DIRECTOR	40.00					х		234,400	0	
(19) ANN B. WEEKS	40.00							234,400	U	18,854
LEGAL DIRECTOR	0.00					X		217,912	0	11,265
1b Subtotal		 lecti	on A					2,674,563 392,021		288,539 70,095
d Total (add lines 1b and 1c)								3,066,584		358,634
Total number of individuals (in reportable compensation from	cluding but not li	mite	d to 13	thos	e lis	ed a	bove		\$100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ector	trus J for	stee, sucl	key n ina	emp ividu	oloye al	ee, or highest compensated	i	Yes No
4 For any individual listed on line organization and related organ individual	e 1a, is the sum of th	of re than	porta \$15	able 0,00	com 0? <i>li</i>	pens	atio	n and other compensation of complete Schedule J for suc	from the	4 X
for services rendered to the or	a receive or acci ganization? <i>If "</i> Y	rue c	omp	ensa	ation	tron	n an	y unrelated organization or	individual	5 X
Complete this table for your five compensation from the organization.	e highest compe	ensa	ted i	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of	
	(A) business address	mpe	#115a	1011	OI U	ie ca	ieno		in the organization's tax ye (B) ion of services	ar. (C) Compensation
5IVE LLC	business address				317	OŪ	IN	CY STREET NE	ion of services	Compensation
MINNEAPOLIS	MN	5	54	13			S	TRATEGIC SVCS	1	4,462,823
•		7	0.0		711	3F		AVENUE	•	
NEW YORK GREEN STRATEGIES, IN	IC. NY		00		511	6 F		STRATEGIC SVCS AD STREET)	2,125,000
BETHESDA	MD	2	08	16			R	ESEARCH & TEC	'H	783,924
QVIST CONSULTING LIM MIDDLESEX	UK UTED			3	LТ	wHA		CLIFFE DRIVE RESEARCH & TEC	'H	
CATF ACTION, INC.	01/			1	L14	SI		E STREET, 6TH FI		763,147
BOSTON	MA			09			C	ONTRACT SCVS		740,000
2 Total number of independent of received more than \$100,000							thos	se listed above) who	25	

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (do not check more than one (D) (E) (F) Name and title Average box, unless person is both an Reportable Reportable Estimated amount hours officer and a director/trustee) compensation compensation of other per week from the from related compensation Individual trustee or director nstitutional trustee (list any key employee organization (W-2/ organizations (W-2/ from the hours for 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) 1099-NEC) related organizations compensated organizations below dotted line) (20)JEANETTE PABLO 40.00 SENIOR FELLOW 0.00 X 200,838 0 48,584 (21)PHILLIP BALL 40.00 0.00 CHIEF OF GEOTHERMAL X 191,183 0 21,511 392,021 70,095 Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022) CLEAN AIR TASK FORCE, INC. **-***2550 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (A) Total revenue (B) Related or exempt Revenue excluded function revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, 50,436,953 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 224,560 1g h Total. Add lines 1a-1f. 50,436,953 Business Code PROGRAM SERVICE FEES 616,788 616,788 Program Service f All other program service revenue g Total. Add lines 2a-2f. 616,788 3 Investment income (including dividends, interest, and other similar amounts) 73,671 73,671 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 279,977 930 other than inventory 7a Other Revenue b Less: cost or other basis and sales exps. 7b 275,492 2,022 4,485 -1,092 c Gain or (loss) 7с d Net gain or (loss) 3,393 3,393 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory llaneous enue **Business Code** MISCELLANEOUS 3,700 3,700 d All other revenue Total. Add lines 11a-11d 3,700

51,134,505

620,488

0

Total revenue. See instructions

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 (A) Total expenses (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,270,000 1,270,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 260,581 260,581 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 2,230,396 1,042,860 648,195 539,341 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 11,428,635 7,997,980 7 2,545,105 885,550 Pension plan accruals and contributions (include 529,182 417,984 <u>32,97</u>1 section 401(k) and 403(b) employer contributions) 78,227 Other employee benefits 34,353 149,220 9 1,298,671 1,115,098 Payroll taxes 1,368,344 1,173,959 10 70,714 123,671 11 Fees for services (nonemployees): Management 785,184 733,876 51,308 Legal Accounting 41,700 41,700 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees 9,399 9,399 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 16,252,001 10,564,026 5,539,693 148,282 Advertising and promotion 12 1,314,489 Office expenses 118,628 980,903 13 214,958 Information technology 14 Royalties 15 523,794 16 Occupancy 4,359 518,464 971 2,252,603 17 Travel 759,026 383,465 112 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 785,581 Conferences, conventions, and meetings 182,818 577,082 25,681 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 66,118 66,118 40,007 23 Insurance 40,007 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DUES AND SUBSCRIPTIONS 45,885 11,330 32,195 2,360 <u>8,760</u> 8,760 EQUIPMENT MAINTENANCE AND 7,413 OTHER SUPPORT COSTS 7.413 d All other expenses Total functional expenses. Add lines 1 through 24e 40,518,743 25,652,525 12,587,845 2,278,373 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line i	n this Part X		
					(A) Beginning of year	(B) End of year
	1	Cash—non-interest-bearing				1 2,901,155
	2	Savings and temporary cash investments	• • • • • • • • • • • • • • • • • • • •		21,265,020	2 15,060,015
	3	Pledges and grants receivable, net		******************	5,131,569	8,266,738
	4	Accounts receivable, net	30,141	4 16,595		
	5	Loans and other receivables from any current or former	officer, direc	ctor,		
		trustee, key employee, creator or founder, substantial co	ontributor, or	· 35%		
		controlled entity or family member of any of these perso				5
	6	Loans and other receivables from other disqualified pers				
ets		under section 4958(f)(1)), and persons described in sect	ion 4958(c)	(3)(B)		6
Assets	7	Notes and loans receivable, net		* * * * * * * * * * * * * * * * * * * *		7
⋖	8	Inventories for sale or use		8		
	9				478,252	9 1,428,596
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a	343,174		
	b	Less: accumulated depreciation	10b	166,720	225,634 1	0c 176,454
	11	Investments—publicly traded securities		********	1	15,138,394
	12	Investments—other securities. See Part IV, line 11			1	2
	13	Investments—program-related. See Part IV, line 11			1	3
	14	Intangible assets			1	4
	15	Other assets. See Part IV, line 11			393,285 1	1,086,009
	16	Total assets. Add lines 1 through 15 (must equal line 33			31,921,240 1	6 44,073,956
	17	Accounts payable and accrued expenses		1,521,383 1	2,267,514	
	18	Grants payable		1	8	
	19	Deferred revenue			1	9
	20	Tax-exempt bond liabilities			2	10
	21	Escrow or custodial account liability. Complete Part IV o	f Schedule [o	2	11
es	22	Loans and other payables to any current or former office	r, director,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributor, or	35%		
iab		controlled entity or family member of any of these person		****************	2	.2
	23	Secured mortgages and notes payable to unrelated third	parties	*******	2	23
	24	Unsecured notes and loans payable to unrelated third pa		*******	2	14
	25	Other liabilities (including federal income tax, payables to	o related thin	rd		
		parties, and other liabilities not included on lines 17-24).	Complete P	art X		
		of Schedule D				1,065,557
	26	Total liabilities. Add lines 17 through 25			1,863,519 2	6 3,333,071
w		Organizations that follow FASB ASC 958, check here	X			
čė		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27					19,696,228
ñ	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·	12,648,598 2	<u>8 21,044,657</u>
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che	ck here			
Ē		and complete lines 29 through 33.				
ş	29	Capital stock or trust principal, or current funds			2	9
se	30	Paid-in or capital surplus, or land, building, or equipment	fund		3	0
Į, Ą	31	Retained earnings, endowment, accumulated income, or				1
Š	32	Total net assets or fund balances				2 40,740,885
	33	Total liabilities and net assets/fund balances			31,921,240 3	3 44,073,956

Form **990** (2022)

Form **990** (2022)

orn	1990 (2022) CLEAN AIR TASK FORCE, INC. **-***2550			Pa	ge 12
	nt XI Reconciliation of Net Assets		*******	, ,	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. [7]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,1	34,	505
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,5		
3	Revenue less expenses. Subtract line 2 from line 1	3	10,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,0		
5	Net unrealized gains (losses) on investments	5			402
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	40,7	40,	885
Pa	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		***		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			CLEAN AIR TA				**-**	
P	art l	Reas	on for Public Charity	Status. (All organiza	tions must c	omplete	this part.) See instruction	ons.
The	orga	ınization is not	a private foundation becaus	se it is: (For lines 1 through	n 12, check onl	y one box	.)	
1		A church, co	nvention of churches, or ass	ociation of churches desc	ribed in sectio i	170(b)(1	I)(A)(i).	
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E	(Form 990).)			
3		A hospital or	a cooperative hospital servi	ce organization described	in section 170	(b)(1)(A)(iii).	
4		A medical re	search organization operate	d in conjunction with a hos	spital described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	e:	,,				
5		An organizat	ion operated for the benefit of	of a college or university o	wned or operat	ed by a g	overnmental unit described in	
			(b)(1)(A)(iv). (Complete Part	•				
6			ate, or local government or g					
7	X	An organizat described in	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its suppomplete Part II.)	port from a gove	ernmental	unit or from the general public	3
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complet	e Part II.)			
9						ed in coni	unction with a land-grant colle	qe
		or university university:	or a non-land-grant college of	of agriculture (see instructi	ions). Enter the	name, ci	ty, and state of the college or	•
10		An organizat	ion that normally receives (1) more than 33 1/3% of its	support from o	ontributio	ns, membership fees, and gro	SS
		receipts from	activities related to its exen	npt functions, subject to ce	ertain exception	s; and (2)	no more than 331/3% of its	
			gross investment income ar					
44			the organization after June 3				•	
11	-		ion organized and operated		-			_
12	<u> </u>						ns of, or to carry out the purpo 9(a)(2). See section 509(a)(3)	
		the box on lin	nes 12a through 12d that des	scribes the type of support	ing organizatio	n and con	nplete lines 12e, 12f, and 12g.	. Check
	а	Type I. A	A supporting organization op-	erated, supervised, or con	trolled by its su	pported o	rganization(s), typically by givi	ng
		supportin	orted organization(s) the poving organization. You must c	omplete Part IV, Section	s A and B.			
	b						rted organization(s), by having	
			r management of the suppor tion(s). You must complete			sons that	control or manage the support	ed
	_		• • • • • • • • • • • • • • • • • • • •	·			, and functionally integrated w	10
	·	its suppo	orted organization(s) (see ins	tructions). You must con	erated in conne iplete Part IV.	Sections	A. D. and E.	ıın,
	d						with its supported organization	on(s)
							requirement and an attentiven	
		requirem	ent (see instructions). You r	nust complete Part IV, S	ections A and	D, and P	art V.	
	е	Check th	is box if the organization rec	eived a written determinat	ion from the IR	S that it is	a Type I, Type II, Type III	
			Illy integrated, or Type III nor		upporting organ	ization.		<u></u>
	f		nber of supported organizati ollowing information about th		· · · · · · · · · · · · · · · · · · ·			
	g							T
(1		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		•		above (see instructions))	1 .	ment?	instructions)	instructions)
					Yes	No		·
(A)								
(B)								
(C)								
<u></u>								
(D)								
(E)								
Tota								

Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,277,111	11,289,410	19,464,834	31,253,060	50,436,953	116,721,368
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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	4,277,111	11,289,410	19,464,834	31,253,060	50,436,953	116,721,368
e	shown on line 11, column (f) Public support. Subtract line 5 from line 4	-					29,280,713
Sec	etion B. Total Support						87,440,655
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	America form Post A	4,277,111					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,2//,111		267		50,436,953 73,671	116,721,368 76,762
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						116,798,130
12	Gross receipts from related activities, etc.	(see instructions)				12	1,161,292
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourti	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2022 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	74.86%
15	Public support percentage from 2021 School	edule A, Part II, lin	e 14			15	74.72%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more, o	check this	
	box and stop here. The organization quali						X
b	33 1/3% support test—2021. If the organ						
	this box and stop here . The organization	qualifies as a publi	cly supported orga	nization			L
17a							
	10% or more, and if the organization meet						
•	Part VI how the organization meets the factorganization			· · · · · · · · · · · · · · · · · · · ·			
b	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the			•	, , ,	•	_
10	organization						L
18	Private foundation. If the organization did 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.)

	tion A. Public Support			•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	T	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1	•	200001	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	First 5 years. If the Form 990 is for the or	uanization's firet	second third fourt	h or fifth tay year	as a section 501/a	·)(3)		
•	organization, check this box and stop her	_	·····	-	•	, ,		
Sec	tion C. Computation of Public Su					***************		
15	Public support percentage for 2022 (line 8			nn (f))		1	5	%
16	Public support percentage from 2021 Sch	edule A, Part III, li	ne 15			1	6	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage					
17	Investment income percentage for 2022 (I	ine 10c, column (f), divided by line 13	3, column (f))		1	7	%
18	Investment income percentage from 2021 S		II line 17			م ا	8	%
19a	33 1/3% support tests—2022. If the orga		eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this be							
b	33 1/3% support tests—2021. If the orga							_
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions		

Part IV

Supporting Organizations

(Complete only if you checked a box on 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

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

	Yes	No
	***********	*********
1		
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2		
****		**********
3a		
- 3a		

3b		
	***************************************	***************************************
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4a		
4b		
	**********	000000000000
4c		
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5a		
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8 9a 9b 9c		
9a 9b 9c		

Schedule A (Form 990) 2022

CLEAN AIR TASK FORCE, INC. Schedule A (Form 990) 2022 **-***2550 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

Page 6

Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting Orgai	<u>niza</u>	tions	
Check here if the organization satisfied the Integral				See
instructions. All other Type III non-functionally inte	grated supporting organizations must	com	olete Sections A through E	•
Section A – Adjusted Net Income	(B) Current Year			
	(A) Prior Year	(optional)		
Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or incurred for prod	luction or collection			
of gross income or for management, conservation, or	maintenance of			
property held for production of income (see instruction	s)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from	line 4)	8		
Section B – Minimum Asset Amount			(A) D.: V	(B) Current Year
Occion b - Minimum Asset Amount			(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use ass	ets (see			
instructions for short tax year or assets held for part of	. 10			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-use assets		1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-us	e assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount			
see instructions).	c (vs/ gracie/ cimecing	4		
5 Net value of non-exempt-use assets (subtract line 4 fro	om line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6)		8		
		•		
Section C – Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section A, line	e 8. column A)	1		
2 Enter 0.85 of line 1.	o, ocidimi //)	2		
3 Minimum asset amount for prior year (from Section B,	line 8 column A)	3		
4 Enter greater of line 2 or line 3.	and of odidinitry	4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from line 4, unl	nes subject to	3		
	ess subject to	ا		
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's to		6	I	
	irst as a non-functionally integrated Ty	/pe II	supporting organization	
(see instructions).				

Schedule A (Form 990) 2022

Page 7

Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				
					Schodulo & (Form 991) 2022

Schedule A (Forr	m 990) 2022	CLE	AN AIR	TASK	FORCE,	INC.		**-***2550	Page 8
Part VI	Supplemen III, line 12; F B, lines 1 an 3a, and 3b;	tal Information Part IV, Section and 2; Part IV, S	on. Provide n A, lines 1 Section C, I Part V, Se	the expla , 2, 3b, 3d ine 1; Par ction B, lir	anations red c, 4b, 4c, 5a t IV, Section ne 1e; Part	quired by P a, 6, 9a, 9b n D, lines 2 V, Section	, 9c, 11a, 11l 2 and 3; Part D, lines 5, 6,	; Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	111165 Z, J, al	id 0. Also com	piete triis	Jail IUI aii	iy addidona	i iniormani	m. (See msu	uctions.)	
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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

-	(See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part II	I			
	e of organization	1.		Employer ident	tification number
CLEAN AIR TASK FORCE, INC. **-**2550					
Pa	rt I-A Complete if the organization is exen) or is a section		
	Provide a description of the organization's direct and indire				
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions			\$	
3	Volunteer hours for political campaign activities. See instru	uctions			
***************************************	THE Complete if the organization is exen				
1	Enter the amount of any excise tax incurred by the organization	zation under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	55	\$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4/20 for this year?			Yes No
4a	Was a correction made?	••••••			Yes No
20220000	If "Yes," describe in Part IV. If IIC Complete if the organization is exen	ent under section 501/c	avcent sect	ion 501(c)(3)	
1	Enter the amount directly expended by the filing organizati			1011 30 1(0)(3).	
•				¢	
2	activities	ited to other organizations for	ection	Ψ	
	527 exempt function activities	•		\$	
3	Total exempt function expenditures. Add lines 1 and 2. En	ter here and on Form 1120-PC)L.	*	***************************************
	line 17b		,	\$	
4	Did the filing organization file Form 1120-POL for this year	r?		*	Yes No
5	Enter the names, addresses and employer identification n	umber (EIN) of all section 527	political organizati	ons to which the filing	•• []
	organization made payments. For each organization listed	, enter the amount paid from the	ne filing organization	on's funds. Also enter	
	the amount of political contributions received that were pro-	omptly and directly delivered to	a separate politica	al organization, such	
	as a separate segregated fund or a political action commit	tee (PAC). If additional space	is needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)	The state of the s				
(4)					
(5)					
(6)					
			1	<u> </u>	I

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

Schedule C (Form 990) 2022

Pa			ation is exempt under section 501(c)(3) a	nd filed Form 5768	(election under
	Check if th	e filing organization b fress, EIN, expenses,	elongs to an affiliated group (and list in Part IV and share of excess lobbying expenditures). hecked box A and "limited control" provisions ap		ember's name,
		Limits on Lobb	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying exper	nditures to influence pub	lic opinion (grassroots lobbying)	4,03	1
Ł	Total lobbying exper	nditures to influence a le	gislative body (direct lobbying)	190,84	3
(: Total lobbying exper	nditures (add lines 1a an	d 1b)	194,87	
(d Other exempt purpor	man managed the course		40,323,86	
6	Total exempt purpos	se expenditures (add line	es 1c and 1d)		
•	f Lobbying nontaxable columns.	e amount. Enter the amo	unt from the following table in both	1,000,00	0
	If the amount on line	1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000		20% of the amount on line 1e.		
	Over \$500,000 but not	over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but n	ot over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but n	ot over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000		\$1,000,000.		
ç	Grassroots nontaxat	ble amount (enter 25% c	f line 1f)	250,00	0
ŀ	Subtract line 1g from	n line 1a. If zero or less,			0
	i Subtract line 1f from	line 1c. If zero or less,	enter -0-		0
•	If there is an amount		er line 1h or line 1i, did the organization file Form 4720		□Vos □No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendite	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	444,761	595,256	1,000,000	1,000,000	3,040,017
b Lobbying ceiling amount (150% of line 2a, column (e))					4,560,026
c Total lobbying expenditures	28,955	48,391	408,820	194,874	681,040
d Grassroots nontaxable amount	111,190	148,814	250,000	250,000	760,004
e Grassroots ceiling amount (150% of line 2d, column (e))					1,140,006
f Grassroots lobbying expenditures	89		22,932	4,031	27,052

Schedule C (Form 990) 2022

*******	dule C (Form 990) 2022 CLEAN AIR TASK FORCE, INC. **-					1	Page 3
Pa ——	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768	3		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
b c d e f g h i j 2a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
1 2 3	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				1 2 3	Yes	No
Pa 	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes." Dues, assessments and similar amounts from members	:)(5),	or se Part	ection III-A,	line 3	, is	
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		2a 2b 2c 3				
5	Taxable amount of lobbying and political expenditures. See instructions		5				
Prov	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	I-A, lir	nes 1 a	ınd			

Schedule C (Form	990) 2022	CLEAN	AIR	TASK	FORCE,	INC.	**-**2550	Page 4
Part IV	990) 2022 Supplementa	I Information	on (con	tinued)				
								
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization Employer identification number CLEAN AIR TASK FORCE, INC. **-***2550 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. b 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

(investment) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment 343,174 166,720 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 176.454

Schedule D (Form 990) 2022

Part VII	Investments – Other Securities.	i, INC.	^^-^^^2550	Page 3
***************************************	Complete if the organization answered "Yes" of	n Form 990, Part IV, li	ine 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial d				
443 444	ld equity interests			
/ ^ \				
/D)				
(C)				
(D)		•		
(E)		•		
(F)				
(G)				
(Ḥ)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of value	
(4)			Cost or end-of-year ma	arket value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ine 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		<u> </u>	
	Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV, li	ine 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liabili	ty		(b) Book value
(1) Federal i	ncome taxes			
(2) OPERA	TING LEASE LIAB			1,065,557
(3)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must equal Form 000. Best V and (D) Eng. 05.1			1 000 000
	n (b) must equal Form 990, Part X, col. (B) line 25.)	ontrote to the organization's	s financial statements that reports	1,065,557

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

sche	edule D (Form 990) 2022 CLEAN AIR TASK FORCE, INC.		**-***255	50	Page 4
	art XI Reconciliation of Revenue per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total revenue, gains, and other support per audited financial statements			1	51,192,508
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	67,402		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		***************************************	2e	67,402
3	Subtract line 2e from line 1			3	51,125,106
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,399		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	9,399
	Total revenue. Add files 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	51,134,505
	Reconciliation of Expenses per Audited Financial Stateme			Return	•
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total expenses and losses per audited financial statements			1	40,509,344
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	2a			
D	Prior year adjustments	2b			
C	Other losses	2c			
a	Other (Describe in Part XIII.)	2d			
3	Add lines 2a through 2d			2e	40 500 244
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	T		3	40,509,344
	Investment expenses not included on Form 990, Part VIII, line 7b	40	9,399		
		4a	2,333	-	
h	Other (Describe in Part XIII.)	1 /h i			
b	Other (Describe in Part XIII.)	_4b		46	0 200
C	Add lines 4a and 4b			4c	9,399
С 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	9,399 40,518,743
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ART XIII Supplemental Information.			5	40,518,743
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b ar	nd 2b; Part V, line 4; F	5	40,518,743
5 Pa Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART X - FIN 48 FOOTNOTE.	lines 1b ar	nd 2b; Part V, line 4; F al information.	5	40,518,743
5 Pa Prov 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b ar	nd 2b; Part V, line 4; F al information.	5	40,518,743
Fa Prov 2; Pa P.	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ART XII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART X - FIN 48 FOOTNOTE	lines 1b ar	nd 2b; Part V, line 4; F al information.	5 Part X, lir	40,518,743 ne
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Frov E. P. T. G. U. E. T. D. F.	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) BY XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART X - FIN 48 FOOTNOTE HE ORGANIZATION, INCORPORATED UNDER CHAPTER ENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEE NOTHER INTERNAL REVENUE CODE SECTION 501 (C) (3 XEMPT FROM FEDERAL AND STATE INCOME TAXES. NCOME TAXES HAS BEEN INCLUDED IN THE ACCOMP HE ORGANIZATION IS REQUIRED BY ASC 740-10, ISCLOSE TAX POSITIONS THAT COULD HAVE AN EF INANCIAL STATEMENTS. THE ORGANIZATION REPO	lines 1b ar ny addition 180 N GRA N GRA ACCO ANYING "INCOI	nd 2b; Part V, line 4; F al information. OF THE MASS NTED TAX-EX D IS, THERE RDINGLY, NO G FINANCIAL ME TAXES", ON THE ORGATION TO THE ORGATION TH	Part X, lir BACHU KEMPT EFORE D PRO STA	40,518,743 THE HENTS CVALUATE AND ATION'S TO THE
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Frov D. F. I.	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ART XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART X - FIN 48 FOOTNOTE HE ORGANIZATION, INCORPORATED UNDER CHAPTER ENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEEN ENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEEN ALL AND STATE INCOME TAXES. NOTE INTERNAL REVENUE CODE SECTION 501(C)(3) XEMPT FROM FEDERAL AND STATE INCOME TAXES. NOTE TAXES HAS BEEN INCLUDED IN THE ACCOMENTATION IS REQUIRED BY ASC 740-10, ISCLOSE TAX POSITIONS THAT COULD HAVE AN EFT INANCIAL STATEMENTS. THE ORGANIZATION REPONSED THE ORGANIZATION REPO	lines 1b ar ny addition 180 N GRA) , AN ACCO ANYING "INCOI "FECT (RTS I' ALTH (nd 2b; Part V, line 4; F al information. OF THE MASS NTED TAX-EX D IS, THERE RDINGLY, NO G FINANCIAL ME TAXES", ON THE ORGA TS ACTIVITI OF MASSACHU	Part X, lin BACHU EFORE D PRO STA TO E ANIZA ES T	40,518,743 THE TS ON AN
Frov D. F. I.	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) BY XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART X - FIN 48 FOOTNOTE HE ORGANIZATION, INCORPORATED UNDER CHAPTER ENERAL LAWS AS A TAX-EXEMPT ENTITY, HAS BEE NOTHER INTERNAL REVENUE CODE SECTION 501 (C) (3 XEMPT FROM FEDERAL AND STATE INCOME TAXES. NCOME TAXES HAS BEEN INCLUDED IN THE ACCOMP HE ORGANIZATION IS REQUIRED BY ASC 740-10, ISCLOSE TAX POSITIONS THAT COULD HAVE AN EF INANCIAL STATEMENTS. THE ORGANIZATION REPO	lines 1b ar ny addition 180 N GRA) , AN ACCO ANYING "INCOI "FECT (RTS I' ALTH (nd 2b; Part V, line 4; F al information. OF THE MASS NTED TAX-EX D IS, THERE RDINGLY, NO G FINANCIAL ME TAXES", ON THE ORGA TS ACTIVITI OF MASSACHU	Part X, lin BACHU EFORE D PRO STA TO E ANIZA ES T	40,518,743 THE STATUS TO THE TS ON AN

Part XIII Supplemental Information (continued)
AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER
FILING. SUBSTANTIALLY ALL THE ORGANIZATION'S INCOME, EXPENDITURES AND
ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS
DETERMINED THAT THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS
INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX-EXEMPT NOT-FOR-PROFIT
ENTITY.
· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CLEAN AIR TASK FORCE, INC.

Employer identification number * * - * * * 2550

P		eneral Information rm 990, Part IV, line		tside the l	Jnited States.	Complete if the organization ans	wered "Yes" on	
1								
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activities per	Region. (The following	. (The following Part I, line 3 table can be duplicated if additional space is needed.)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activiti region (l fundraising investments	es conducted in the by type) (such as, g, program services, g, grants to recipients d in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
	UROPE							
(1)		1		PROGRAM	SERVICES	CONSULTING & PEO	2,887,708	
(2)		AND THE PACIF		PROGRAM	SERVICES	ADMIN & CONSULTING	70,000	
	UB-SAHARA	N AFRICA						
(3)			16	PROGRAM	SERVICES	CONSULTING SERVICES	694,081	
(4)				PROGRAM	SERVICES	CONSULTING SERVICES	15,593	
(5)		ERICA & CARRI	1	PROGRAM	SERVICES	CONSULTING SERVICES	46,389	
(6)			6	PROGRAM	SERVICES	CONSULTING SERVICES	50,376	
S (7)_	OUTH ASIA		1	PROGRAM	SERVICES	CONSULTING SERVICES	1,185	
	AE							
(8)			2	PROGRAM	SERVICES	CONSULTING SERVICES	4,014	
(9)								
(10)								
<u>(11)</u>								
(12)								
(13)								
(14)								
<u>(15)</u>								
(16)								
(17)	11-1000							
_	Subtotal	1	119				3,769,346	
	Fotal from continuation the to Part I	n						
c T	Totals (add							
	ines 3a and 3b)	1	119				3,769,346	

INC

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 0 (h) Description of noncash assistance exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance (f) Manner of cash disbursement WIRE WIRE Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 216,697 43,884 **-**2550 (e) Amount of cash grant PROGRAM SERVICES PROGRAM SERVICES (d) Purpose of KINGDOM CLEAN AIR TASK FORCE, UNITED (c) Region EUROPE Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2022 (a) Name of organization Part II Ξ 5 (4) 8 6 (10) Ξ 33 (13) (14) (15) 9 2 3 (0) \mathbf{E} က

Page 3

CLEAN AIR TASK FORCE, INC.

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **-**2550 Schedule F (Form 990) 2022

Part III Grants and

(a) Type of grant or assistance (b) Region (c) Number of (d) Amount of recipients cash grant	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				-		Schedule F	Schedule F (Form 990) 2022

3000000000	dule F (Form 990) 2022 CLEAN AIR TASK FORCE, INC. **-***2550		Page 4
Pa	nt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		\overline{X} No

Schedule F (Form 990) 2022

Part V Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REGION		••••		
REGION	EX	PENDITURES	INVESTMEN	ГS
EUROPE	\$	2,887,708	\$	0
EAST ASIA AND THE PACIFIC	\$	70,000	\$	0
SUB-SAHARAN AFRICA	\$	694,081	\$	0
SOUTH AMERICA	\$	15,593	\$	0
CENTRAL AMERICA & CARRIBBEAN	\$	46,389	\$	0
NORTH AMERICA	\$	50,376	\$	0
SOUTH ASIA	\$	1,185	\$	0
UAE	\$	4,014	\$	0
		· · · · · · · · · · · · · · · · · · ·	***************************************	•••••

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CAT2550 05/23/2023 12:50 PM

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

Name of the organization

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

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ADVANCE CLEAN AIR PUBLIC EDUCATION (h) Purpose of grant or assistance COP27 CLIMATE X Yes ROUNDTABLES **-**2550 CO: (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 100,000 740,000 125,000 305,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) **-***6977 C-CORP 501C3 **-**0880 501C4 **-***7870 501C3 **-**2294 General Information on Grants and Assistance INC. (p) EIN the selection criteria used to award the grants or assistance? CLEAN AIR TASK FORCE, (4) DEEP SOUTH CENTER FOR ENV. JUSTICE 1030 15TH STREET NW, 12TH FLOOR DC 20005 MA 02109 CA 94710 70127 (a) Name and address of organization 114 STATE STREET, 6TH FLOOR ΓA 127 UNIVERSITY AVENUE 9801 LAKE FOREST BLVD or government (2) CATF ACTION, INC. (1) ATLANTIC COUNCIL (3) POLICY IMPACT NEW ORLEANS WASHINGTON BERKELEY Part BOSTON Part Ψ-3 9 3 8 6

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

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

Schedule I (Form 990) (2022)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLEAN AIR TASK FORCE, INC

Employer identification number

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

Page 2

CLEAN AIR TASK FORCE, INC.

Schedule J (Form 990) 2022

Part II Officers, D

-2550

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

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. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	(B) Breakdown of W-2	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
ARMOND M. COHEN	310,747	0	0	0	41,205	351,952	0
1 EXECUTIVE DIRECTOR	(ii) 0		0	0			0
KAY MCCONAGHA	0 274,533	0	0	13,667	265	288,465	0
2 TREASURER & CFO	: 1		0		:		0
ASHLEY KORN	(1) 168,263	0	0	8,500	12,750	189,513	0
3 CLERK			0				0
	0) 277,196	0	0	14,198	38,185	329,579	0
4 MANAGING DIRECTOR			0				0
AMANDA STORM-SCHUSTER	(1) 256,920	0	0	12,594	12,127	281,641	0
5 CHIEF OF DEVELOPMENT	:		0				0
SARAH SMITH	(1) 251,480	0	0	12,677	30,916	295,073	0
6 PROGRAM DIRECTOR			0				0
CONRAD G. SCHNEIDER	(1) 240,747		0	12,250	25,455	278,452	0
7 SENIOR DIRECTOR		0	o		:		0
LARISSA LEE BECK	205,906		0	8,447	1,367	215,720	0
8 INT. DIRECTOR	٠	0	0		:		0
CARLOS LEIPNER-GOMES	(1) 236,459		0	3,948	9,869	250,276	0
9 GNES DIRECTOR	:	0	0				0
	(1) 234,400	0	0	6,417	12,437	253,254	0
10 CLIMATE DIRECTOR	1		0		:		0
	0 217,912	0	0	11,000	265	229,177	0
11 LEGAL DIRECTOR			0				0
JEANETTE PABLO	(0) 200,838	0	0	10,400	38,184	249,422	0
12 SENIOR FELLOW (ii)			0				0
PHILLIP BALL	191,183	0	0	9,665	11,846	212,694	0
13 CHIEF OF GEOTHERMAL (0)		0	0				0
(1)	0						
(0)							
15 (ii)	0						
(9)							
01	5.						

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

CAT2550 05/23/2023 12:50 PM OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Employer identification number

	CLEAN AIR TASK F	ORCE, INC.					**-	***25	550				
Part I	Excess Benefit Transact	tions (section 501	(c)(3), section	501(c)(4)	and section 5	01(c)(29) organiza	tions o	only).				
_	Complete if the organization ans		m 990, Part IV				m 990-EZ, Part V,	line 4	0b.		(d)	Correc	ted?
1	(a) Name of disqualified person		organization				(c) Description of tr	ansactio	ŀΠ		Yes		No
(1)													
(2)													
(3)													
(4)													
(5)											<u> </u>		
(6)											<u></u>		
	he amount of tax incurred by the org							•	t				
3 Enter t	he amount of tax, if any, on line 2, a	above, reimbursed b	v the organiza	tion				9	, B				
	•	,	,					, `					
Part II	Loans to and/or From In	terested Perso	ns.										
*****************	Complete if the organization ans			rt V, I	ine :	38a or Form 99	0. Part IV. line 26	or if t	he				
	organization reported an amoun						, ,						
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) L		(e) Original	(f) Balance due	(g) In	default?				Vritten
		with Organization	IOdii	to or t		principal amount					oard or nittee?	agree	ement?
				To	rom			Yes	No	Yes	No	Yes	No
(1)								 	<u> </u>		<u> </u>	ļ	<u> </u>
(2)													
(2)				+-				_	 			├	┼─
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(9)													
				1 1							 		
(10)					ł								
Total						\$							
Part III	Grants or Assistance Be												
	Complete if the organization ans	swered "Yes" on For	m 990, Part IV	, line	27.								
	(a) Name of interested person		ship between interes	- 1	(c) Amount of	(d) Type of assistance	•	(e) i	Purpose	e of ass	istance	÷
/1)		person a	nd the organization	<u> </u>		assistance							
(1) (2)													
(3)													
(4)				\dashv									

(5) (6) (7) (8) (9)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Name	of the organization					Employer identification number
	CLEAN AI	R TASI	K FORCE, INC	•		**-***2550
P	art I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	ı	(d) Method of determining noncash contribution amounts
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded	X	37	224,560		
10	Securities — Closely held stock					
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation contribution — Historic					
	structures					
14	Qualified conservation					
	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts				***************************************	
23	Scientific specimens					
24	Archeological artifacts					
25	Other ()					
26	Other (
27	Other ()					
28	Other (
29	Number of Forms 8283 received by	the organi	zation during the tax year	r for contributions for		
	which the organization completed Fo	-	•		29 0	Yes No
30a	During the year, did the organization 28, that it must hold for at least 3 ye				-	163 160
	used for exempt purposes for the en					30a X
b	If "Yes," describe the arrangement in		g benod:			30a A
31	Does the organization have a gift ac		nolicy that requires the re	wiew of any ponetonderd		
31						24 V
32a	Does the organization hire or use thi	ird parties	or related organizations	to solicit process or sell p	onesch	31 X
JZa		-	*	•		
b	If "Yes," describe in Part II.					32a X
33	If the organization didn't report an ar	mount in a	olumn (a) for a time of a-	anarty for which column (-) in about ad	
JJ		nount in C	oranin (c) for a type of pr	operty for which column (a) is checked,	
	describe in Part II.					

OMB No. 1545-0047

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

-*2550 CLEAN AIR TASK FORCE, INC. FORM 990, PART III, LINE 2 CLEAN ENERGY INFRASTRUCTURE: TRANSITIONING TO A GLOBAL ZERO-CARBON ENERGY SYSTEM REQUIRES US TO ADDRESS THE LIMITATIONS OF OUR CURRENT INFRASTRUCTURE. OUR CURRENT SYSTEM IS NOT EQUIPPED TO MEET THE DEMAND FOR INCREASED CAPACITY. WE NEED TO LOOK AT NEW KINDS OF POWER GENERATION (BOTH RENEWABLE AND THERMAL), BIGGER VOLUMES OF ELECTRIC POWER TRANSMISSION, PIPELINES TO MOVE CO2 AND HYDROGEN, AND STORAGE FOR THE CARBON DIOXIDE THAT IS EXTRACTED FROM INDUSTRIAL PROCESSES. AT CATF, WE WORK IN CONCERT WITH STAKEHOLDERS AND PARTNERS TO TACKLE CHALLENGING QUESTIONS AND ENVISION A PATH FORWARD FOR THE INFRASTRUCTURE WE NEED TO HAVE 30 YEARS FROM NOW - AND WORK WITH THEM TO TURN THAT VISION INTO REALITY. FUSION ENERGY: A NEW WAVE OF INVESTMENT INTO PRIVATE ENTERPRISES IS CHANGING THE LANDSCAPE OF FUSION ENERGY RESEARCH AND CHALLENGING THE NOTION THAT IT IS PURELY A SCIENTIFIC ENDEAVOR. WHILE NUMEROUS TECHNOLOGICAL AND COMMERCIAL HURDLES REMAIN, THE POTENTIAL IMPACT OF THE SUCCESSFUL COMMERCIALIZATION OF FUSION TECHNOLOGY BEFORE 2050 WOULD BE SUBSTANTIAL. ACTIVITIES UNDER THIS PROGRAM LOOK TO UNDERSTAND THE COMMERCIAL VIABILITY, TO FACILITATE EFFECTIVE PUBLIC SUPPORT, AND TO IDENTIFY KEY POLICY, REGULATION, AND MARKET CHALLENGES OR OPPORTUNITIES FOR COMMERCIAL FUSION EFFORTS. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

Name of the organization CLEAN AIR TASK FORCE, INC.	Employer identification number **-**2550
	2330
FORM 990, PART VI, LINE 2 - RELATE	D PARTY INFORMATION AMONG OFFICERS
CATF ACTION, INC.	CATF ACTION, INC.
BOARD MEMBER	BOARD MEMBER
BOTH ON CATF ACTION, INC'S BOD	
CATF ACTION, INC.	CATF ACTION, INC.
BOARD MEMBER	BOARD MEMBER
BOTH ON CATF ACTION, INC'S BOD	
CATF ACTION, INC	
BOARD MEMBER	
FORM 990, PART VI, LINE 11B - ORGA	NIZATION'S PROCESS TO REVIEW FORM 990
COPY IS CIRCULATED TO EXECUTIVE CO	MMITTEE AND A CALL IS HELD BETWEEN
AUDITOR AND EXECUTIVE COMMITTEE.	
FORM 990, PART VI, LINE 12C - ENFO	RCEMENT OF CONFLICTS POLICY
	MBERS ARE GIVEN THE OPPORTUNITY AT EACH
	LICTS OF INTEREST AS DEFINED IN THE
	LSO CONSIDERS ANY CONFLICTS OF INTEREST
BEFORE ENTERING INTO BUSINESS ARRA	NGEMENTS.
FORM 990, PART VI, LINE 15A - COMP	ENSATION PROCESS FOR TOP OFFICIAL
THE CFO PERFORMS AN INDUSTRY SALAR	Y COMPARISON AND PROVIDES TO THE MANAGING
DIRECTOR FOR REVIEW WITH THE BOARD	OF DIRECTORS UPON REQUEST.
	PAGE 1 OF 2

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OMB No. 1545-0047

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

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

INC.

TASK FORCE

CLEAN AIR

Employer identification number **-**2550

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity × × Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling entity End-of-year assets N/AN/A**e** Public charity status (if section 501(c)(3)) <u>e</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section 501C4 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) Æ NL Primary activity CLEAN AIR CLEAN AIR Primary activity <u>@</u> 0880***-** **-**2111 (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization MA 02109 NL 3013 STICHTING CLEAN AIR TASK FORCE ROTTERDAM 45, 4TH FLOOR 114 STATE STREET, 6TH FL CATF ACTION, INC. BOSTON Part Part Ξ Ξ (2) 8 3 4 9 3 <u>4</u> 3 Schedule R (Form 990) 2022

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Page 2 Schedule R (Form 990) 2022 Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No 3 General or managing partner? Yes No 3 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 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. Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) \equiv Share of end-of-year assets (h)
Disproportionate
alloc.? Yes No <u>6</u> (g) Share of end-of-year assets Share of total income Share of total income Type of entity (C corp, S corp, or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling entity **-**2550 (d)
Direct controlling (c) Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign
country) Primary activity Primary activity INC Ð CLEAN AIR TASK FORCE, Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Schedule R (Form 990) 2022 Part III Part IV DΑ 3 <u>4</u> Ξ 8 E 3 <u>@</u> **£**

Page 3

Schedule R (Form 990) 2022 CLEAN AIR TASK FORCE, INC.

-2550

× BASED ON SIGNED AGREEMENT BASED ON GRANT AGREEMENT Yes × Method of determining amount involved Ξ 4 18 <u>4</u> 1 4 9 ¥ 4 9 4 16 무 19 # ÷ Ξ = Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) e Loans or loan guarantees by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ਉ Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 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. 485,788 740,000 Amount involved 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? Transaction type (a-s) Ц Щ 1 Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Name of related organization Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) CATF ACTION, INC. INC Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) CATF ACTION, Dividends from related organization(s) Q. ٥ Ξ 8 (3)<u>4</u> (5) 9 ~

Schedule R (Form 990) 2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20	(j) General or managing	(k) Percentage ownership
		(state or foreign		501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	partner?	
		country)	sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
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		,								
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Schedule R (F	orm 990) 2022	CLEAN	AIR	TASK	FORCE,	INC.	**-	***2550	Page 5
Part VII	Suppleme	ntal Inforn	nation.						
	Provide ad	ditional info	rmation	for resp	oonses to c	uestions o	on Schedule R. See	instructions.	

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Form **4562**

Department of the Treasury

Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Identifying number **-***2550 CLEAN AIR TASK FORCE, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,080,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,700,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. (a) Description of property 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS). 66,54 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ... Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year S/L 30 yrs. MM 40-year 40 yrs. d S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... 66,549 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs