As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492131010492 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2020 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021 **B** Check if applicable: C Name of organization D Employer identification number ARIZONA PĬRG EDUCATION FUND INC ☑ Address change 35-2259362 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 835 W Warner Rd 101-464 ☐ Final return/terminated (602) 252-9277 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption Gilbert, AZ 85233 ☐ Application pending Number Check ▶ ☐ if the organization is **not** ☑ Accrual Other (specify) ► **G** Accounting Method: □ Cash required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ▶www.arizonapirgedfund.org J Tax-exempt status (check only one) - ☑ 501(c)(3) ☑ ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 190,201 2 Program service revenue including government fees and contracts 2 0 3 3 Membership dues and assessments 0 4 4 5a Gross amount from sale of assets other than inventory 0 b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 0 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . 0 b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) . . . 8 0 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 190,201 10 10 Grants and similar amounts paid (list in Schedule O) . 0 11 Benefits paid to or for members 11 71,745 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 13 23,998 Professional fees and other payments to independent contractors 14 485 14 Occupancy, rent, utilities, and maintenance . 749 15 Printing, publications, postage, and shipping. 15 16 16 15,582 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 112,559 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 77,642 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 68,797 20 20 8,620 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 155,059 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2020) Cat. No. 10642I

	Check if the organization used Schedule	s for Part II) O to respond to any o	uestion in this	Part II				🗹
					eginning o	of vear	Γ.	(B) End of year
22 Cash, sa	vings, and investments		1	(A) 5	egiiiiiig (146,001	22	30,295
	d buildings					0	23	0
24 Other as	sets (describe in Schedule O)					26,259	24	176,673
25 Total as	sets					172,260	25	206,968
26 Total lia	ibilities (describe in Schedule O)					103,463	26	51,909
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)			68,797	27	155,059
Part Ⅲ	Statement of Program Service	Accomplishments	(see the instructi	ions for Pa	t III)		Τ.	Expenses
The purpose internal Rev affecting the Describe the	Check if the organization used Schedule organization's primary exempt purpose? of the corporation is to engage in public enue Code. The corporation's activities menulus public interest. • organization's program service accomplicy expenses. In a clear and concise manner.	education within the nay include public educ	meaning of Sect cation, research	tion 501(n and litig program	c)(3) of th ation on i services,	ssues as	(3 or	equired for section 501(c)) and 501(c)(4) ganizations; optional for hers.)
28	nd other relevant information for each pro-	ogram title.						
Grants \$)	If this amoun	t includes foreign gran	nts check here				28a	
	tional Data Table	t includes foreign gran	its, check here	• •			298	
2007144	tional bata Table							
· C t t - \	TE blair and and	+ i			_			
Grants \$)	If this amoun	t includes foreign gran	nts, check here	• •	. •	Ш	1	
30							30a	1
						_		
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. •	Ш		
31 Other pr	ogram services (describe in Schedule O)							
Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ [31a	
32 Total pr	ogram service expenses (add lines 28a	a through 31a)				. •	32	78,077
Part IV	List of Officers, Directors, Trustees,							
	Check if the organization used Schedule	O to respond to any c	THESTIAN IN THIS	Part IV.				
			question in this		<u> </u>	• • •	•	🗸
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- o t paid,	(d) Ho contribut bene	ealth ben	efits, nploy and	(e) Estimated amount ee of other compensation
Carl Perry	(a) Name and title	(b) Average hours per week	(c) Report compensa (Forms W-2,	table ation /1099- o t paid,	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation
,		(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, O-)	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation n
President, D	irector	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, D-)	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation 0 0
Carl Perry President, D Ed Mierzwin:	irector	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, O-)	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation n
President, D Ed Mierzwin	irector ski	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, D-)	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation 0 0
President, D Ed Mierzwin: Vice Preside	irector ski nt, Director	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, D-)	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount ee of other compensation 0 0
President, D Ed Mierzwin: Vice Preside Erin Ecclesto	irector ski nt, Director	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, O-) 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount of other compensation 0 0 0
President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas	irector ski nt, Director	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- ot paid, O-) 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount of other compensation 0 0 0
President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie	irector ski nt, Director	(b) Average hours per week devoted to position 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, 0-) 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount of other compensation 0 0 0 0 0
President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie	irector ski nt, Director on urer	(b) Average hours per week devoted to position 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, 0-) 0 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
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President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie Director Bret Fansha	irector ski nt, Director on urer	(b) Average hours per week devoted to position 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, 0-) 0 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	(e) Estimated amount of other compensation 0 0 0 0 0 0 0
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President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie Director Director Director Diane Brown	irector ski nt, Director on urer	(b) Average hours per week devoted to position 1 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, D-) 0 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	ee (e) Estimated amount of other compensation of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie Director Director Director Diane Brown	irector ski nt, Director on urer	(b) Average hours per week devoted to position 1 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, D-) 0 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	ee (e) Estimated amount of other compensation of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
President, D Ed Mierzwin: Vice Preside Erin Ecclesto Clerk, Treas Fina Beattie Director Director Director Diane Brown	irector ski nt, Director on urer	(b) Average hours per week devoted to position 1 1 1	(c) Report compensa (Forms W-2, MISC) (if no	table ation /1099- t paid, D-) 0 0	(d) Ho contribut bene	ealth ben ions to er fit plans,	efits, nploy and	ee (e) Estimated amount of other compensation of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • •	I	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]		
	section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			_
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. ► AZ The organization's books are in care of ► Leah Perkins Telephone n	o P (30	131 573-5	5005
42a				,,,,,
	Located at ► 1543 Wazee St Suite 400 Denver, CO ZIP + 4 ►	80202		
		ı	1	
h	At any time during the calendar year did the organization have an interest in an a signature or other authority over a	\vdash	Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		No ——
	If res, enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
С	Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ▶		I	
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	_	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year	-	_	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form 990-	-EZ (20	20)							Page 4
								Yes	No
46 Did cand	the org didates	anization engage, directly or indire for public office? If "Yes," complet	ectly, in political campaid e Schedule C, Part I. 🕏	on activities on beha			46		No
Part VI	All s	tion 501(c)(3) Organization ection 501(c)(3) organizations k if the organization used Schedul	must answer question	ons 47- 49b and	52, and	complete the tab	les for li	nes 50	and 51
	Cilec	ik ii the organization used Schedul	e o to respond to any qu	descion in this Part	VI	<u> </u>		Yes	No
		anization engage in lobbying activi		. ,	-	•			
If "Y	Yes," co	mplete Schedule C, Part II 🕏					47	Yes	No.
48 Is th	he orga	nization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete S	Schedule E		48		No
49a Did	the org	anization make any transfers to ar	n exempt non-charitable	related organizatio	n?		49a		No
b If "Y	Yes," wa	as the related organization a sectio	n 527 organization? .				49b		
		his table for the organization's five eceived more than \$100,000 of co					s and key	employ	rees)
(a	a) Name	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/109 MISC)	contr 9- b	Health benefits, ributions to employ penefit plans, and erred compensation	ee of oth		l amount ensation
NONE									
f To	otal num	nber of other employees paid over	\$100,000			· · · · - _			
51 Com	nplete ti npensati	his table for the organization's five ion from the organization. If there	highest compensated in is none, enter "None."	ndependent contrac	tors who e	each received more	than \$10	00,000 o	f
	'	(a) Name and business address of	<u> </u>	actor	(b) T	ype of service	(c) Comp	ensation	1
NONE									
d To	stal num	nber of other independent contract	ors each receiving over	¢100 000					_
		·	-						
		organization complete Schedule A? ed Schedule A		c)(3) organizations		cha 	► ⊘ γ	es 🗆 i	No
	e and be	f perjury, I declare that I have exa elief, it is true, correct, and comple					and to the	best of	
•	 					2022-05-04			
Sign	Sign	nature of officer				Date			
Here		ne Brown Executive Director							
	Т тур	e or print name and title Print/Type preparer's name	Preparer's signature	D	ate	☐ PTI	V		
Paid		, , , , , , , , , , , , , , , , , , ,	,			Check L if self-employed			
Prepare		Firm's name ▶				Firm's EIN ▶			
Use On	nly	Firm's address ▶				Phone no.			
May the IF	RS discu	uss this return with the preparer sh	own above? See instruc	tions		•	□Yes	□ No	1

Additional Data

Software ID: 20012124

Software Version: v1.00

EIN: 35-2259362

Name: ARIZONA PIRG EDUCATION FUND INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured b	on's program service accomplishments for each of its three largest program by expenses. In a clear and concise manner, describe the services provided, the efited, and other relevant information for each program title.	` (c	Expenses quired for section 501)(3) and 501(c)(4) janizations; optional for others.)
	ng public policy: staff engage in activities including research, education, and policy nsumers, expand public transit options and promote energy efficiency.	28a	54,654
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$		

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by exp	program service accomplishments for each of its three largest program penses. In a clear and concise manner, describe the services provided, the , and other relevant information for each program title.	`(c)(3) and 501(c)(4) anizations; optional for others.)
	recruiting volunteers, distributing educational literature, conducting surveys and to protect consumers, expand public transit options and promote energy	29a	23,423
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$		

Expenses
(Required for section 501

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 934921310104		
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047	
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2020	
		the Treasury	► Go to <u>www.ii</u>	r <u>s.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	nie Service ne organiza .G EDUCATION					Employer identific	ation number	
ANIZC	INA FIR	d EDUCATION	TOND INC				35-2259362		
	rt I		for Public Charity Sta				See instructions.		
1 ne c	rganiz		a private foundation becaus	•	•		(A)(:)		
		•	onvention of churches, or a						
2			scribed in section 170(b)		,	, ,			
3		·	or a cooperative hospital se	-			•		
4		A medical r name, city,	esearch organization opera and state:	ited in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5			ation operated for the bene (iv). (Complete Part II.)	fit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local government of	or governmental unit de	scribed in sectio	on 170(b)(1)(<i>f</i>	۱)(v).		
7	✓		ation that normally received ('O(b)(1)(A)(vi). (Comple		s support from a	governmental u	ınit or from the gener	al public described in	
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization or rant college of agriculture.					ege or university or a	
10		from activit investment	ation that normally received ties related to its exempt fu income and unrelated bus See section 509(a)(2). (0	inctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operate	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting organization sunt of the supporting organi	pervised or controlled i zation vested in the sar					
c		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ted with, its	
d		Type III n	on-functionally integrat integrated. The organization. S). You must complete Page 1	ed. A supporting organi on generally must satis	ization operated fy a distribution	in connection wi	th its supported orgar		
e		Check this	box if the organization rece or Type III non-functionall	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter		of supported organizations		-		<u> </u>		
g	Provi	de the follow	ing information about the	supported organization(s).				
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	ee ` ` ´		monetary support	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota			tion Act Notice, see the		Cat. No. 11285		 Schedule A (Form 9		

	include any "unusual grant.") [
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	67,200	107,200	115,708	103,324	190,200	583,632
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						178,077
6	Public support. Subtract line 5 from						405,555

5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.						178,077 405,555
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	67,200	107,200	115,708	103,324	190,200	583,632
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	0	0	0	0	0	0

income from similar sources. . . 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.). .

Total support. Add lines 7 through 583,632

12

11

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

69.488 % 60 %

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020						Page 3
Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.)	
Se	ection A. Public Support			1	Г		
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
4	(or fiscal year beginning in) ► 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						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
o	from line 6.)						
Se	ection B. Total Support					•	
	Calendar year	() 2016	(1) 2017	() 2010	(1) 2010	() 2022	
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)			<u> </u>		<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here						▶ ∐
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2020 (lin			column (f))		15	
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Invest						
	Investment income percentage for 202			line 13 column (f	7)	17	
17		•	.,		• •	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2020. If the						
1	more than 33 1/3%, check this box and	stop here. The o	rganization qualifi	ies as a publicly su	ipported organiza	tion	. ▶□
b	33 1/3% support tests—2019. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/3	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ord	ganization	▶ □
20	Private foundation. If the organization	_	_				
				,		· · · · · · · · · · · · · · · · · · ·	

Page 4

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
	III section 309(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a	ı	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?			

	m section ses (a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.			
С	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.			

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the		
	determination.	3b	
С	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.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	anization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or ervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination 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.	4c	
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		

С	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	any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	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			

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part			
	VI.			
5	Section B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 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	res	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	†		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in 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			
	ection c. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees o	:		
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in 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.			
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions):		
	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.			
	c	e instru	ctions)	
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 in line 2a constitute activities that, but for the organization's involvement, one or more of the	24		
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	 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. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		
		1 35	1	

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
		1		<u> </u>

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

_1	Amounts paid to supported organizations to accomplish exempt purposes	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 supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details 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 organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (i) (see instructions) Excess Distr		(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2. Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			8		
9 Di:	stributable amount for 2020 from Section C, line 6			9	
10 Lin	10 Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Dis	tributable amount for 2020 from Section C, line 6				
(rea	derdistributions, if any, for years prior to 2020 asonable cause required <i>explain in Part VI</i>). e instructions.				
3 Exc	ess distributions carryover, if any, to 2020:				
a Fr	om 2015				

10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
q Applied to underdistributions of prior years				

Schedule A (Form 990 or 990-EZ) (2020)

h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

instructions)

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

▶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.

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

DLN: 93492131010492

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** ARIZONA PIRG EDUCATION FUND INC 35-2259362 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

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(d) 2020

22,512

5,628

Schedule C (Form 990 or 990-EZ) 2020

(e) Total

92,825

139,238

23,207

34,811

Schedule C (Form 990 or 990-EZ) 2020

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Total lobbying expenditures (add lines 1a and 1b) 112,559 Other exempt purpose expenditures 112,559 Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both 22,512 columns. 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. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.

Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) 5,628 Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c. If zero or less, enter -0-. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

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.)

(a) 2017

Lobbying Expenditures During 4-Year Averaging Period

21,166

5,292

(b) 2018

26,229

6,557

(c) 2019

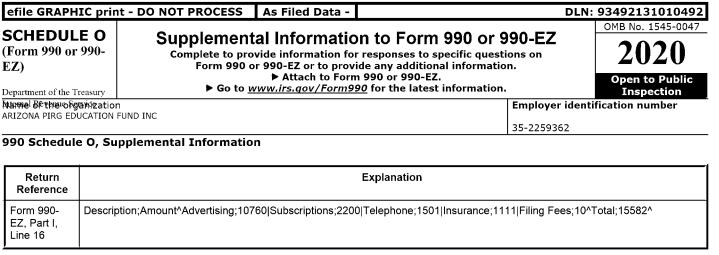
22,918

5,730

Return Reference

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
ctiv	, , , , , , , , , , , , , , , , , , , ,	Yes	No	A	moun	t
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					_
e	Publications, or published or broadcast statements?					_
f	Grants to other organizations for lobbying purposes?					_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					_
i	Other activities?					_
j	Total. Add lines 1c through 1i					_
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					_
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	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?					_
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or secti	ion		
_			_		Yes	ľ
1	Were substantially all (90% or more) dues received nondeductible by members?			1		_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes.")(5), c : III-A	or secti , line 3	ion 5 3, is	01(c))(
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				_
	Total	2c				_
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				_
3						
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
3 4		<u>4</u> 5				_
3 4 5	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					_

Explanation



Return Explanation

990 Schedule O, Supplemental Information

Reference Form 990-Description; Amount ** Unrealized gain in investment; 8620 ** Total; 8620 **

EZ, Part I, Line 20

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Form 990-	Description;EOY Amount^Accounts Receivable;39053 Investment in Paradigm Partners 2019;137620^Total;176673^
EZ, Part II,	
Line 24	

Return Explanation

990 Schedule O, Supplemental Information

Line 26

Reference
Form 990EZ, Part II,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part IV	All employees are compensated by Arizona PIRG, Inc., under a common paymaster arrangement, and are shared with the filing organization.