			** PUBLIC DISCLOSURE COP			
	Ω	00	Return of Organization Exempt Fr	om lı	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundations	» 2021
_			Do not enter social security numbers on this form as	it may b	e made public.	Open to Public
Depa Intern	rtment o Ial Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco	he latest	information.	Inspection
AF	or the	e 2021 calend	ar year, or tax year beginning $ m JUL1,2021$ and en	nding J	UN 30, 2022	
	heck if	C Name of	organization		D Employer identification	ation number
a	pplicabl	Envi	ronmental Law and Policy Center of			
	Addre		Midwest			
	Name Chang	ge Doing b	usiness as		36-386653	0
	Initial return	Number		oom/suite	E Telephone number	
	Final Feturn		ast Wacker Drive 16	500	(312) 673	-6500
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,180,410.
	Amen		ago, IL 60601-2208		H(a) Is this a group ret	
	Applic tion pendi		nd address of principal officer: Howard A. Learner		for subordinates?	Yes X No
		same	as C above		H(b) Are all subordinates inc	uded? Yes No
		empt status:		527	If "No," attach a li	st. See instructions
			elpc.org		H(c) Group exemption	
		<u> </u>	X Corporation Trust Association Other ►	L Year	of formation: 1992 M	State of legal domicile: ${\tt IL}$
Pa	art I	Summary				
đ	1		e the organization's mission or most significant activities: Public			
u c		<u>legal a</u>	nd policy advocacy and eco-business	innc	vation organ	ization
Governance	2	Check this bo	if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	
ove						20
5 X			ependent voting members of the governing body (Part VI, line 1b) \dots			19
es			of individuals employed in calendar year 2021 (Part V, line 2a)			49
Activities &			of volunteers (estimate if necessary)			75
Acti	7 a	Total unrelate	business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
					Prior Year	Current Year
e			and grants (Part VIII, line 1h)		7,954,153.	13,391,789.
Revenue		•	ce revenue (Part VIII, line 2g)		273,875.	256,527.
Sev			come (Part VIII, column (A), lines 3, 4, and 7d)		1,638,126.	1,308,083.
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,421.	1,261,422.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,913,575.	16,217,821.
			nilar amounts paid (Part IX, column (A), lines 1-3)		249,641.	106,665.
			o or for members (Part IX, column (A), line 4)			0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		5,919,593.	6,296,026.
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25) • 809, 947		1 200 240	1 601 170
	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,388,349.	1,601,172.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,557,583.	8,003,863.
		Revenue less	expenses. Subtract line 18 from line 12		2,355,992.	8,213,958.
t Assets or od Balances		-			ginning of Current Year	End of Year
ssei 3ala	20	Total assets (F			29,555,388.	31,504,847.
Net A Fund F	21		(Part X, line 26)		1,612,303.	568,476.
	22 Int II	Net assets or Signature	a Block		27,943,085.	30,936,371.
		-		nd atctor	unto and to the best of and	noulodge and halist it :-
			declare that I have examined this return, including accompanying schedules an			knowledge and bellet, it is
true,	correc	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which	i preparer	lias any knowledge.	

Sign	Signature of officer		Date								
Here	Howard A. Learner, Pres	sident & Executive Dim	rector								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	Karen O. Crim		self-employed P00368385								
Preparer	Firm's name 🕨 RSM US LLP		Firm's EIN 42-0714325								
Use Only	Firm's address 🕨 6 S Patterson Blv	<i>r</i> d									
	Dayton, OH 45402 Phone no.937-298-0201										
May the II	RS discuss this return with the preparer shown abov	/e? See instructions	X Yes No								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

See Schedule O for Organization Mission Statement Continuation

	Environmental Law and Policy Center of
Form	990 (2021) the Midwest 36-3866530 Page 2 t III Statement of Program Service Accomplishments
Fai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Environmental Law & Policy Center (ELPC) is the Midwest's leading
	public interest environmental legal advocacy and eco-business
	innovation organization, and among the nation's leaders. We develop
	and lead successful strategic environmental (continued on Schedule O)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,803,092. including grants of \$ 0. (Revenue \$ 61,572.)
	Natural Resources/Forest and Land/Clean Water - ELPC engages in litigation and policy advocacy with scientific support to protect: the
	Great Lakes and Midwest rivers; National Forests, wildlife habitat and
	biodiversity; special conservation lands and waterways; scenic
	landscapes and other vital natural resources; and outdoor recreation
	and fisheries. ELPC advocates sound environmental management practices
	that preserve natural resources and improve the quality of life in our
	communities.
4b	(Code:) (Expenses \$ 2,688,307. including grants of \$ 90,000.) (Revenue \$ 79,956.)
	Energy Project - ELPC promotes clean energy efficiency and renewable
	energy development solutions, and advocates for cleaner air and cleaner
	water and climate change solutions by reducing pollution from conventional power plants. Note that project revenue reported on Line 4
	does not include grants and contributions received.
	acco not include granes and concribations received.
4c	(Code:) (Expenses \$ 786,357. including grants of \$ 16,665.) (Revenue \$ 0.)
	Transportation and Land Use Reform - ELPC promotes innovative
	transportation solutions, including development of a Midwest high-speed
	rail network, which will lead to cleaner air and more jobs.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 56,608. including grants of \$ 0.) (Revenue \$ 114,999.)
4e	Total program service expenses ► 6,334,364.

Environmental Law and Policy Center of Form 990 (2021) the Midwest 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	Х	
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		<u> </u>
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	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U		11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	TIC		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u></u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>_</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2021)

Environmental Law and Policy Center of

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Par	t 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	22		x						
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
23										
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х							
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		x						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	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		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III									
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									
	"Yes," complete Schedule L, Part IV									
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									
	"Yes," complete Schedule L, Part IV	28c		<u> </u>						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37						
	Schedule N, Part II	32		<u> </u>						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v						
	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		х							
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X							
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358	- 23							
D D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000								
00	If "Yes," complete Schedule R, Part V, line 2	36	х							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
0.	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 19?			<u> </u>						
	Note: All Form 990 filers are required to complete Schedule O	38	х							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	,								
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35	5								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							

(gambling) winnings to prize winners?

Environmental	Law	and	Policy	Center	of
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Par					5					
				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	49							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	a 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)?									
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th									
	any contributions that were not tax deductible as charitable contributions?				x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi									
	were not tax deductible?	-	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the	payor? 7a	Х						
				Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
•	to file Form 8282?				x					
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
f	5 Did the experimentian during the user recommendation of the state of the sector of the									
	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 									
-										
8										
•	sponsoring organization have excess business holdings at any time during the year?	by the	8							
9										
a			9a							
b			0							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
-	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			14a		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.				<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
.0	excess parachute payment(s) during the year?		15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x					
.0	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17							
	If "Ves " complete Form 6069									

Envi	ironmental	Law	and	Policy	Center	of
the	Midwest			_		

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 19								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?		-	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х			
6	Did the organization have members or stockholders?			6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а	The governing body?	-	-	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	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 Internal Re	/enue	Code.)						
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such cha								
	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	befor	e filing the form?	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 rise			12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe						
	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	Х				
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	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 arrangem	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright extsf{IL}$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)s	only) a	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial				
	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 boo	ks and	d records						
	Kevin Brubaker - (312) 673-6500								
	35 East Wacker Drive 1600 Chicago IL 60601-2208								

Env	rironmental	Law	and	Policy	Center	of

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Form 990 (2	2021)	t	he	Mid	west								3	6-38	66530
Part VII	Com	pensation o	f Of	ficers,	Directors,	Trustees	, Key	y Empl	oyees	, Hig	hest	Com	pensa	ated	

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ess person is both an nd a director/trustee)				compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1033-1120)	and related
	below	ndividual trustee or director	n stit utio nal tru stee	-	ƙey employee	est co oyee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Howard A. Learner	60.00									
President & Executive Director	1.00	Х		Х				469,868.	0.	74,749.
(2) Kevin Brubaker	50.00									
Deputy Director	0.50			Х				233,422.	0.	64,767.
(3) Bradley Klein	50.00									
Senior Attorney	0.00					X		197,060.	0.	49,367.
(4) Robert Kelter	50.00									
Senior Attorney	0.00					X		197,421.	0.	35,178.
(5) Mary Frances O'Connor	50.00									
Director of Development	0.00					X		201,526.	0.	30,906.
(6) Allen Grosboll	50.00									
Co-Legislative Director	0.00					X		181,633.	0.	38,168.
(7) Scott Strand	50.00									
Senior Attorney	0.00					X		184,173.	0.	8,042.
<pre>(8) Harry W. Drucker</pre>	4.00									
Chair	0.50	Х		Х				0.	0.	0.
(9) Daniel Levin	2.00									
Vice Chairman	0.00	Х		х				0.	0.	0.
(10) Carl Lingenfelter	1.00									
Treasurer	0.00	Х		Х				0.	0.	0.
(11) Ellen C. Craig	1.00									
Secretary	0.00	Х		х				0.	0.	0.
(12) Alan Chang	1.00									
Director	0.00	х						0.	0.	0.
(13) Simon Fish	1.00									
Director	0.00	Х						0.	0.	0.
(14) Manny Flores	1.00									
Vice-Chair	0.00	Х						0.	0.	0.
(15) Stan Goldblatt	1.00									
Director	0.00	Х						0.	0.	0.
(16) Robert L. Graham	1.00								-	
Director	0.00	Х						0.	0.	0.
(17) Scott Heidepriem	1.00								-	
Director	1.00	Х						0.	0.	0 .

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Environmental	Law	and	Policy	Center	of
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Form 990 (2021) the Midwe	est								36-38	66	530	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	, and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		((F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable		Estir	mated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatior	ו ר	amo	unt of
	week		cer ar I	nd a d	irecto	r/trust	tee)	from	from related		ot	her:
	(list any	rector						the	organizations		•	ensation
	hours for related	or dir	e			ated		organization	(W-2/1099-MIS	C/		n the
	organizations	ustee	truste		Ð	pens		(W-2/1099-MISC/	1099-NEC)		•	nization
	below	ual tri	ional		ploye	t com		1099-NEC)				related
	line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former				organ	izations
(18) Nancy Loeb	1.00	1	<u> </u>	0	×	υE	ц					
Director	1.00	х						0.		0.		0.
(19) Samir Mayekar	1.00											
Director	0.00	х						0.		0.		Ο.
(20) William McNary	1.00											
Director	1.00	Х						0.		0.		0.
(21) Knute Nadelhoffer	1.00											
Director	0.00	Х						0.		0.		0.
(22) Andrew Ross	1.00											
Director	0.00	Х						0.		0.		0.
(23) Carleen Schreder	1.00							0				0
Director (24) Smita Shah	0.00	Х						0.		0.		0.
Director	0.00	х						0.		0.		0.
(25) David Wilhelm	1.00									<u>.</u>		
Director	1.00	х						0.		0.		0.
(26) Brady C. Williamson	1.00											
Director	1.00	Х						0.		0.		0.
1b Subtotal								1,665,103.		0.	301	,177.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,665,103.		0.	301	,177.
2 Total number of individuals (including but no	ot limited to the	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1 🗖
compensation from the organization												17
										ſ	Y	'es No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for su	uch individual										3	<u> </u>
4 For any individual listed on line 1a, is the su												37
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	-				-			-			5	x
Section B. Independent Contractors		2 0 10	or si		Jers	011 .						
1 Complete this table for your five highest cor	npensated ind	epe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion from	
the organization. Report compensation for t	-								· · · · ·			
(A)								(B)			(C)	
Name and business	address	N	ONI	2			_	Description of s	ervices	С	ompens	ation
							-					
							-					
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				C)						

		(2021) Environmental the Midwest	Law and	Policy Cer	nter of	36-3866	530 Page
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response o	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
and Other Similar Amounts	1 a b c d f f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$		13,391,789.			
			Business Code				
2	2 a		900099	95,037.	95,037.		
le d	b		900099	79,956.	79,956.		
ent	С	Natural Resources	900099	61,572.	61,572.		
Sev I	d						
ri ogi alli ogi vice Revenue	e		900099	10.060	10.062		
	f			19,962. 256,527.	19,962.		
	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, interes		250,527.			
	4 5	other similar amounts) Income from investment of tax-exempt bond pr Royalties	roceeds	403,023.			403,02
	6 a Gross rents 6a 7,935. b Less: rental expenses 6b 0. c Rental income or (loss) 6c 7,935.						
	ے ام			7,935.			7,93
	d Zo	Net rental income or (loss) Gross amount from sales of	(ii) Other	1,555.			7,55.
nue	b	assets other than inventory Less: cost or other basis and sales expenses 7b 814,834.					
evel	С	Gain or (loss) 7c 905,060.		0.05.050			0.05.0.0
Other Reve	8 a	Net gain or (loss) Gross income from fundraising events (not including \$273,457. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	₽	905,060.			905,061
	c		►	108,114.			108,114
	9 a	Gross income from gaming activities. See Part IV, line 199a		·			
		Less: direct expenses 9b					
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	····· ►				
		Less: cost of goods sold 10b					
Miscellarieous Revenue	<u>c</u> 11 a b		Business Code	1,140,214.			114021
eve	c						
S M		All other revenue	900099	5,159.			5,15
ž		Total. Add lines 11a-11d	▶	1,145,373.			
	12	Total revenue. See instructions		16,217,821.	256,527.	0.	256950

Environmental Law and Policy Center of the Midwest

Form 990 (2021) the Midwest Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
'n,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	100 005	100 005		
_	and domestic governments. See Part IV, line 21	106,665.	106,665.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	909,487.	743,255.	82,858.	83,374
6	Compensation not included above to disqualified	505,407.	745,255.	02,000	05,57
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,290,899.	3,506,629.	390,916.	393,354
8	Pension plan accruals and contributions (include				,
•	section 401(k) and 403(b) employer contributions)	294,466.	242,686.	24,557.	27,223
9	Other employee benefits	467,703.	385,460.	39,004.	43,239
0	Payroll taxes	333,471.	274,832.	27,810.	30,829
1	Fees for services (nonemployees):				
	Management				
b	Legal	77,295.		77,295.	
с	Accounting	37,274.		37,274.	
d		50,831.		50,831.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	548,927.	446,445.	32,330.	70,152
2	Advertising and promotion				
3	Office expenses	32,175.	17,365.	11,064.	3,746
4	Information technology	32,423.	24,742.	4,171.	3,510
5	Royalties				
6	Occupancy	454,421.	355,992.	41,358.	57,07
7	Travel	70,741.	60,643.	5,690.	4,408
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 444	6 800		
9	Conferences, conventions, and meetings	17,444.	6,790.	8,322.	2,332
0					
1	Payments to affiliates	FE 070	1E 004	E 017	E 040
2	Depreciation, depletion, and amortization	55,070. 25,126.	45,004.	5,017.	<u>5,049</u> 1,348
3	Insurance	40,120.	12,011.	11,767.	1,340
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	40.004	2 200		20.00
		42,384.	3,388.	2 7 7 7	38,990
b	Equipment & Furniture	12,461.	8,632.	2,797.	1,03
с	Training & Recruitment	3,999.	2,505.	1,064.	430
d		140 601	01 220	F 407	10 05
	All other expenses	140,601.	91,320.	5,427.	43,854
5	Total functional expenses. Add lines 1 through 24e	8,003,863.	6,334,364.	859,552.	809,94
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			343,769.	1	1,820,834.
	2	Savings and temporary cash investments			356,771.	2	0.
	3	Pledges and grants receivable, net			2,749,876.	3	5,329,962.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former o	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e persor	าร		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			119,992.	9	72,459.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,645,751.	00 455		10.001
	b	Less: accumulated depreciation	100		82,457.	10c	10,981.
	11	Investments - publicly traded securities			25,902,523.	11	24,270,611.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			00 555 000	15	
	16	Total assets. Add lines 1 through 15 (must equa			29,555,388.	16	31,504,847.
	17	Accounts payable and accrued expenses		545,550.	17	558,801.	
	18	Grants payable		40,000.	18	0.	
	19	Deferred revenue	40,000.	19	U •		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes		F		22	
_	23	Secured mortgages and notes payable to unrelat		Г	884,260.	23	0.
	24	Unsecured notes and loans payable to unrelated		Г	004,200.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	142,493.	25	9,675.
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,612,303.	25 26	568,476.
	20	Organizations that follow FASB ASC 958, chee	k horo	▶ X	1,012,505.	20	500,470
Se		and complete lines 27, 28, 32, and 33.					
nce	27				25,196,449.	27	24,888,533.
3ala	28				2,746,636.	28	6,047,838.
Ыd Е	20	Organizations that do not follow FASB ASC 95				20	
Fur		and complete lines 29 through 33.	, e, enee				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
let ,	32	Total net assets or fund balances			27,943,085.	32	30,936,371.
2	33	Total liabilities and net assets/fund balances			29,555,388.	33	31,504,847.
							Form 990 (2021)

Environmental	Law	and	Policy	Center	of
the Midwest			_		

Form	1990 (2021) the Midwest	36-3	866530	Page	_e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,217		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,003		
3	Revenue less expenses. Subtract line 2 from line 1	3	8,213		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,943		
5	Net unrealized gains (losses) on investments	5	-5,220),67	2.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	30,936	5 <u>,</u> 37	1.
Pa	rt XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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	X	
	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 X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.									
Name	of the	e organizatio			Law and Polic	cy Cer	nter d	of		identification number			
Part		Reason f		<u>Midwest</u> Charity Status	(All organizations must c	omploto th	nic part) S	oo instructior	3	6-3866530			
					For lines 1 through 12, cl				15.				
1 [2 [3 [4 [A church, cor A school desc A hospital or a	vention of ch ribed in sect a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). (/ hospital service orga	n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	ii).	.)(iii). Enter	the hospital's name,			
5		•		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
	\$	section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6 [7] 8 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 												
9	Δ	n agricultura	I research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college			
	0	or university o	r a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
_	_	niversity:											
10 _	a ir	ctivities relat ncome and u	ed to its exen nrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	ınd (2) no ı	more than	33 1/3% of it	s support f	rom gross investment			
11	Δ	n organizatio	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12a	n	nore publicly nes 12a thro Type I. A su the support	supported or ugh 12d that pporting orga ed organizatio	ganizations describe describes the type of anization operated, so	vely for the benefit of, to d in section 509(a)(1) o f supporting organization upervised, or controlled I gularly appoint or elect a ections A and B.	r section ! and comp by its supp	509(a)(2). plete lines ported org	See section 12e, 12f, and anization(s), t	509(a)(3). (I 12g. ypically by	Check the box on			
b		Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving			
			-		anization vested in the sa	ime persoi	ns that co	ntrol or mana	ge the supp	ported			
				t complete Part IV,									
С					g organization operated i				lly integrate	d with,			
d			-). You must complete F porting organization operation				rtod organi	zation(c)			
u			-	• •	ation generally must sati				•	()			
			,	0 0	nplete Part IV, Sections								
е		-	-		written determination from				II, Type III				
		functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiza	ation.						
f E	Enter	the number o	of supported o	organizations									
g F				about the supporte		(iv) In the orga	inization listed						
	(1) 1	Name of suppo organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)			
		g			above (see instructions))	Yes	No						
Total													

	A (Form 990) 2021 t Support Schedule for	he Midwest Organizations		Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	6530 _{Page} i)
	(Complete only if you checked	•		•			•
	fails to qualify under the tests			-	1 7		5
Sectior	n A. Public Support						
Calendar v	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	s, grants, contributions, and				(,		
	nbership fees received. (Do not						
inclu	ude any "unusual grants.")	6419736.	7298232.	7770323.	7954153.	13391789.	4283423
2 Tax	revenues levied for the organ-						
	on's benefit and either paid to						
or ex	xpended on its behalf						
3 The	value of services or facilities						
furni	ished by a governmental unit to						
the c	organization without charge						
4 Tota	al. Add lines 1 through 3	6419736.	7298232.	7770323.	7954153.	13391789.	42834233
5 The	portion of total contributions						
by e	each person (other than a						
gove	ernmental unit or publicly						
	ported organization) included						
	ine 1 that exceeds 2% of the						
	ount shown on line 11,						
	ımn (f)						9803634
	lic support. Subtract line 5 from line 4.						33030599
	n B. Total Support	,				1	1
-	year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)2021 13391789.	(f) Total
	ounts from line 4	6419736.	7298232.	7770323.	/954153.	T33AT18A.	4283423.
	ss income from interest,						
	dends, payments received on						
	urities loans, rents, royalties,	288,946.	366,770.	101 111	353,580.	410,958.	182166
	income from similar sources income from unrelated business	200,940.	500,770.	401,4110	555,500.	410,950.	102100.
	vities, whether or not the						
	iness is regularly carried on	0.	0.	0.	40,806.	108,114.	148,920
	er income. Do not include gain	```			40,000.	100,114.	140,520
	er income. Do not include gain						
	ets (Explain in Part VI.)					998,214.	998.214
	al support. Add lines 7 through 10						45803032
	a cupper a rida mice r an eugh re		 uns)				,310,724
11 Tota	ss receipts from related activities	etc (see instructio					
11 Tota 12 Gros	ss receipts from related activities, t 5 vears. If the Form 990 is for th		,	fourth, or fifth tax v			,
11 Tota 12 Gros 13 First	t 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	_
 11 Tota 12 Gros 13 First orga 	•	ne organization's fir 5 here	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
11 Tota 12 Gros 13 First orga Section	t 5 years. If the Form 990 is for th anization, check this box and stor n C. Computation of Publi	ne organization's fir 5 here C Support Per	rst, second, third, f centage	iourth, or fifth tax y	ear as a section 5	01(c)(3)	
 11 Tota 12 Gross 13 First orga Section 14 Publ 	t 5 years. If the Form 990 is for the anization, check this box and stop n C. Computation of Publi lic support percentage for 2021 (li	ne organization's fir 5 here c Support Per ine 6, column (f), di	rst, second, third, f centage ivided by line 11, c	fourth, or fifth tax y	ear as a section 5	01(c)(3)	▶□
11 Tota 12 Gros 13 First orga Section 14 Publ 15 Publ	t 5 years. If the Form 990 is for th anization, check this box and stor n C. Computation of Publi	ne organization's fir b here c Support Per ine 6, column (f), di Schedule A, Part I	rst, second, third, f centage ivided by line 11, c II, line 14	ourth, or fifth tax y	ear as a section 5	01(c)(3)	▶ 72.11 69.54
11 Tota 12 Gros 13 First orga Orga Section Orga 14 Publ 15 Publ 16a 33	t 5 years. If the Form 990 is for the anization, check this box and stor n C. Computation of Publi lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the c	ne organization's fir o here ic Support Per ine 6, column (f), di Schedule A, Part I organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 it check the box or	ourth, or fifth tax y column (f))	ear as a section 5	01(c)(3) 14 15 nore, check this bo	72.11 69.54 × and
11 Tota 12 Gros 13 First orga Section 14 Publ 15 Publ 16a 33 1. stop	t 5 years. If the Form 990 is for the anization, check this box and stor n C. Computation of Publi lic support percentage for 2021 (li lic support percentage from 2020	ne organization's fir o here ic Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly suppo	rst, second, third, f centage ivided by line 11, c II, line 14 .t check the box or orted organization	ourth, or fifth tax y column (f))	ear as a section 5	01(c)(3) 14 15 nore, check this bo	72.11 69.54 x and ►
11 Tota 12 Gross 13 First orga Orga Section 14 14 Publ 16a 33 1. stop b 33 1.	t 5 years. If the Form 990 is for the anization, check this box and stor n C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the content of the support test - 2021. If the support test - 2021 is the support of the supp	ne organization's fir c Support Per ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li	courth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3%	01(c)(3)	72.11 69.54 x and is box
11 Tota 12 Gross 13 First orga Orga Section 14 14 Publ 15 Publ 16a 33 1. stop b 33 1.	t 5 years. If the Form 990 is for the anization, check this box and stor in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the of onere. The organization qualifies I/3% support test - 2020. If the of	ne organization's fir c Support Per ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organiza	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and ation	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3%	01(c)(3) 14 15 hore, check this bo or more, check th	72.11 69.54 x and is box
11 Tota 12 Gross 13 First orga Orga Section 14 14 Publ 15 Publ 16a 33 stop b b 33 and 17a	t 5 years. If the Form 990 is for the anization, check this box and stor in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the content on here. The organization qualifies I/3% support test - 2020. If the content stop here. The organization qual	the organization's fir c Support Per ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization th check a box on li supported organiza anization did not c	courth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tition check a box on line	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	01(c)(3) 14 15 nore, check this bo o or more, check this and line 14 is 10%	72.11 69.54 x and
11 Tota 12 Gross 13 First orga Orga Section 14 14 Publ 15 Publ 16a 33 stop b b 33 and 17a 10% and	t 5 years. If the Form 990 is for the anization, check this box and stop in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the content on here. The organization qualifies I/3% support test - 2020. If the content stop here. The organization qual on facts-and-circumstances test	the organization's fir to here to Support Pere- tine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org- s-and-circumstance	rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this	courth, or fifth tax y column (f)) In line 13, and line 1 ine 13 or 16a, and ation check a box on line box and stop her	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part	01(c)(3) 14 15 nore, check this bo o or more, check this and line 14 is 10%	72.11 69.54 x and is box or more, zation
11 Tota 12 Gross 13 First orga Orga Section 14 14 Publ 15 Publ 16a 33 stop b b 33 and and meet Mark	t 5 years. If the Form 990 is for the anization, check this box and stor in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the of there. The organization qualifies I/3% support test - 2020. If the of stop here. The organization qual offacts-and-circumstances test if the organization meets the facts	the organization's fir to here to Support Pere- tine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2021. If the org- s-and-circumstance st. The organization	rst, second, third, f centage ivided by line 11, c II, line 14 it check the box or orted organization it check a box on li supported organiza anization did not c es test, check this in qualifies as a pul	courth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tition check a box on line box and stop her blicly supported or	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization	01(c)(3)	72.11 69.54 x and is box or more, zation ►[
I1 Tota I2 Gross I3 First orga Orga Section Id I4 Publ I5 Publ I6a 33 and I7a 10% and meei b 10%	t 5 years. If the Form 990 is for the anization, check this box and stor in C. Computation of Public lic support percentage for 2021 (li lic support percentage from 2020 I/3% support test - 2021. If the of othere. The organization qualifies I/3% support test - 2020. If the of stop here. The organization qual of -facts-and-circumstances test if the organization meets the facts at the facts-and-circumstances test	the organization's fir c Support Performance ine 6, column (f), dia Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly support c 2021. If the organizatio c 2020. If the organizatio c 2020. If the organizatio	rst, second, third, f centage ivided by line 11, c II, line 14 it check the box or orted organization it check a box on li supported organiza anization did not c es test, check this in qualifies as a pul anization did not c	ourth, or fifth tax y column (f)) n line 13, and line 1 ine 13 or 16a, and tition check a box on line box and stop her blicly supported or check a box on line	ear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization 13, 16a, 16b, or	01(c)(3) 14 15 ore, check this bo or more, check this and line 14 is 10% VI how the organiz 17a, and line 15 is	72.11 69.54 x and is box or more, zation

Schedule A (Form 990) 2021

Envi	ironmental	Law	and	Policy	Center	of
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Schedule A (Form 990) 2021 the Midwest Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	A Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, [.]	rourth, or fifth tax	year as a section 5	ou1(c)(3) organ	ization,
<u> </u>	check this box and stop here						▶∟
	tion C. Computation of Publi		¥			1 1	
	Public support percentage for 2021 (li	, (),	,	()/		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						ne 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	-	•				►∟
	line 18 is not more than 33 1/3%, che	ck this box and s f	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	tion ►
20	Private foundation. If the organizatio			-		-	

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1

2

3a

3b

3c

4a

4b

4c

Yes

No

Schedule A (Form 990) 2021 the Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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the Midwest			_		

Pa	rt IV Supporting Organizations (continued)		<u> </u>
		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 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		
С	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		
Sec	ction 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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	
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,		
<u> </u>	supervised, or controlled the supporting organization.		
<u>Sec</u>	ction C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
800	the supported organization(s). 1		
300			
_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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

1	Check the box next to the method that the organization used to sati	fy the Integral Part Test du	iring the year (see instructions).
-			

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of e	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	--------------------	-----------------------	------------------	------------------------

с] The organization supported a g	governmental entity.	Describe in Part VI how w	vou supported a governmenta	l entity (see instructions).
---	--	----------------------------------	----------------------	---------------------------	-----------------------------	------------------------------

2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2021

- 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.
- 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.*
- 3 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.*

2a

2b

3a

Yes No

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	dule A (Form 990) 2021 the Midwest			36-3866530 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

Environmental Law and Policy Center of the Midwest

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributabl Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Part IV, See line 1; Part	tion A, line IV, Section lines 5, 6, a	the formation. es 1, 2, 3b, 3c	Midwe Provide t , 4b, 4c, 5 d 3; Part IV	st he explana a, 6, 9a, 9b /, Section E	o, 9c, 11a, 11 E, lines 1c, 2	d by Part I b, and 110 a, 2b, 3a, a	I, line 10; I c; Part IV, and 3b; Pa	Part II, line Section B, ırt V, line 1	17a or 1 lines 1 a ; Part V,	7b; Part III and 2; Part Section B,	IV, Section C, line 1e; Part V	
Schedule A,	Part I	II, Line	e 10,	Expla	nation	for (Other	Incor	ne:			
Legal Settle	ment											
2017 Amount:	\$ C	0.										
2018 Amount:	\$ C	0.										
2019 Amount:	\$ C	0.										
2020 Amount:	\$ C	0.										
2021 Amount:	\$ 9	998,214	•									

	** PUBLIC DISCLOSURE COPY **	
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990)	Attach to Form 990 or Form 990-PF.	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2021
Name of the organization	on Environmental Law and Policy Center of	Employer identification numb
	the Midwest	36-3866530
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundatio	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>958,729.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$884,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>550,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Environmental Law and Policy Center of

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

Name of organization

the Midwest

Part I

123452 11-11-21

Page 2

36-3866530

Employer identification number

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$ <u>400,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$350,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

the Midwest

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

Environmental Law and Policy Center of

Schedule B (Form 990) (2021)

123452 11-11-21

Page 2

Employer identification number

36-3866530

Schedule B (Form 990) (2021)

Name of organization

Part I

lame of o	rganization	Er	nployer identification number
	onmental Law and Policy Center of idwest		36-3866530
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page								
	organization		Employer identification number								
	onmental Law and Policy	Center of									
	idwest		36-3866530								
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations								
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) S								
(-) N -	Use duplicate copies of Part III if additional	space is needed.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I											
			[
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee								
		•									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I	(b) Fulfose of gift										
		() – , , , , , , , , , , , , , , , , , , ,									
		(e) Transfer of gift	t								
			Deletionship of two of every to two of ever								
	Transferee's name, address, an		Relationship of transferor to transferee								
(a) No. from											
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		() -									
		(e) Transfer of gift	t								
	Transforação nomo addresa o		Polationship of transforms to transforms								
	Transferee's name, address, an		Relationship of transferor to transferee								
(a) No. from											
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		(e) Transfer of gift	t								
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee								
	1										

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities	OMB No. 1545-0047				
(Form 990)	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.								
Department of the Treasury Internal Revenue Service	PEZ. Open to Public Inspection								
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campaig	n Activities), then				
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.						
		01(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part I-E	3.				
 Section 527 organiza 		,							
		Form 990, Part IV, line 4, or For							
		nave filed Form 5768 (election und	· · //	•	•				
		nave NOT filed Form 5768 (election	. ,	, ,	•				
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	rax) (See separate ir	istructions) or Form 99	U-EZ, Part V, line 350 (Prox				
<i>,</i> , ,		ions: Complete Part III.							
Name of organization		mental Law and Po	licy Center	of En	nployer identification numb				
	the Mid	west	_		36-3866530				
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	r is a section 527 (organization.				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in						
2 Political campaign	activity expendit	ures		►	►\$				
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	oto if the ora	anization is exempt under	s section $501(c)/3$	1					
				-					
		incurred by the organization under	section 4955		•\$				
		incurred by organization managers n 4955 tax, did it file Form 4720 fo		····· •					
4a Was a correction m									
b If "Yes," describe in									
Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), e	except section 501	(c)(3).				
1 Enter the amount d	lirectly expended	I by the filing organization for secti	on 527 exempt function	on activities	►\$				
2 Enter the amount o	of the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527					
exempt function ac	tivities			🕨	\$				
	-	. Add lines 1 and 2. Enter here and							
		1120-POL for this year?							
		ployer identification number (EIN)							
		tion listed, enter the amount paid to a somethy and directly delivered to a somethy and directly delivered to a							
	•	additional space is needed, provid			rate segregated fund of a				
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political				
(a) Name	5	(b) Address		filing organization's					
				funds. If none, enter -(0 promptly and directly				
delivered to a significant organi									
If none, enter -0									

	the Midwe		-	36-3	866530 Page 2 ction under
A Check ► if the filing organizat expenses, and share	e of excess lobby	affiliated group (and list ir ng expenditures). A and "limited control" pro		group member's name	e, address, EIN,
B Check ► if the filing organizat Limit (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals			
 1a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add lin d Other exempt purpose expenditure 	1,759. 49,072. 50,831. 8,066,368.				
e Total exempt purpose expenditures	•	· ······		8,117,199.	
f Lobbying nontaxable amount. Ente				555,860.	
If the amount on line 1e, column (a) or		lobbying nontaxable am			
Not over \$500,000 Over \$500,000 but not over \$1,000		of the amount on line 1e. 0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,000		5,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		5,000 plus 5% of the exce			
Over \$17,000,000		00,000.			
		ł			
g Grassroots nontaxable amount (ent	ter 25% of line 1f)			138,965.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zer reporting section 4911 tax for this y			ation file Form 4720	[Yes No
(Some organizations th	nat made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	of the five columns be	low.
	Lobbying E	penditures During 4-Yea	ar Averaging Period	-	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	527,02	3. 521,155.	535,379.	555,860.	2,139,422.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,209,133.
c Total lobbying expenditures	415,61	3. 339,741.	321,091.	50,831.	1,127,276.
d Grassroots nontaxable amount	131,75	7. 130,289.	133,845.	138,965.	534,856.
e Grassroots ceiling amount (150% of line 2d, column (e))					802,284.
f Grassroots lobbying expenditures	5,82	7. 101,665.	100,974.	<u>1,759</u> .	210 , 225 . Ile C (Form 990) 2021

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

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots					
	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?					
h	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)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
с	Total		2c			
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions					
Par	t IV Supplemental Information					
				10.0		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

60	SCHEDULE D Supplemental Financial Statements							
	n 990)		anization answered "Yes" on Form 990,		2021			
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public			
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspection			
Nam	ame of the organization Environmental Law and Policy Center of Employer id							
_		the Midwest			36-3866530			
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	ccoun	ts. Complete if the			
	organizatio	nanswered fes off-offit 990, Partiv, in	(a) Donor advised funds	(b) Euro	ds and other accounts			
4	Total number at or	ad of year						
1 2		nd of year f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5			writing that the assets held in donor advised fun	ds				
	-		exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be used o					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring				
	impermissible priva				Yes No			
Par	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	of land for public use (for example, recrea	tion or education)	orically i	mportant land area			
		f natural habitat	Preservation of a cert	ified his	toric structure			
		of open space						
2			fied conservation contribution in the form of a co	nservat	ion easement on the last Held at the End of the Tax Year			
-	day of the tax year			0-				
a h				2a				
b	-		ucture included in (a)	2b 2c				
d			after 7/25/06, and not on a historic structure	20				
u				2d				
3			eased, extinguished, or terminated by the organ		during the tax			
-	year ►							
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enf	orcement of the conservation easements it	holds?		Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easer	ments during the year			
	▶							
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	isement	s during the year			
	►\$							
8		•	e satisfy the requirements of section 170(h)(4)(B					
•								
9		c .	on easements in its revenue and expense staten					
		ounting for conservation easements.	note to the organization's financial statements th	at uesci				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar	Assets.			
		the organization answered "Yes" on Form						
1 a			8, not to report in its revenue statement and ba	ance sh	eet works			
	-		blic exhibition, education, or research in furthera					
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet ⁻	works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of pub	lic service,			
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
	.,				S			
2			asures, or other similar assets for financial gain,	provide				
	-	unts required to be reported under FASB A	-					
a					š			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s tor Form 990.	9	Schedule D (Form 990) 2021			

Saha		mental Law	and Polic	y Center	of	36-38	66530) _{Page} 2			
Par			t. Historical Tre	asures, or Ot	her Sir	nilar Assets					
	·						(contin	uea)			
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the	ioliowing that mai	ke signing	Sam use of its					
-	Public exhibition										
a		a		hange program							
b	Scholarly research	e	Other								
c	Preservation for future generations										
4											
5							٦	—			
Par	to be sold to raise funds rather than to be ma						Yes	No			
Fai			ete if the organizatio	n answered "Yes	" on Forn	n 990, Part IV, I	ine 9, or				
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi						-				
	on Form 990, Part X?					L	Yes	No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		Г						
							Amount				
	Beginning balance					<u>1c</u>					
	Additions during the year					1d					
е	Distributions during the year				L	<u>1e</u>					
f	Ending balance					1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account l	iability?	L	Yes	No No			
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years back	. ,	years back			
1a	Ia Beginning of year balance 4,499,911. 3,555,405. 3,555,405. 3,555,045.										
b	Contributions	473,345.									
с	Net investment earnings, gains, and losses	-551,132.	944,506.	127,48	34.	127,450.		258,208.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			127,48	34.	127,450.		258,208.			
f	Administrative expenses										
	End of year balance	4,422,124.	4,499,911.	3,555,40)5.	3,555,045.	3,	555,045.			
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	89.4251	%								
b	Permanent endowment > 10.5748	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered fo	or the orc	anization					
ou	by:	obien er the organiza				Janization	Г	Yes No			
	(i) Unrelated organizations						3a(i)	X			
							3a(ii)	X			
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	od on Schodulo P?				3b				
4	Describe in Part XIII the intended uses of the						50				
_	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		Part IV line 11a S	See Form 990 Pa	rt X line ⁻	10					
	Description of property	(a) Cost or o			c) Accum		(d) Book				
	Description of property	basis (investn		(other)	depreci		(u) 600r	Value			
4-	Land				acpicol						
	Land										
	Buildings		1 26	8,607.	1 2 5 0	,476.		9,131.			
	Leasehold improvements			6,271.		,476.		L,310.			
	Equipment										
-	Other			0,873.		,333.	1 (540.			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X. column (B). line 1	0c.)),981.			
						Schedule	D (Form	990) 2021			

		al Law and Po	licy Center of	
	(Form 990) 2021 the Midwest			36-3866530 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
<u>(G)</u>				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(4)	(a) Description of investment	(b) DOOK value	(c) Method of Valdation. Cost	or end-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, , ,	(b) Book value
(1)		I		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	9 15.)		🕨
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ne 25.
1.	(a) Description of liability			(b) Book value
	eral income taxes			
	ferred Rent			9,675.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	25.)		• 9,675.
		·····		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

X

	Environmental Law and P	olicy Center d	
	dule D (Form 990) 2021 the Midwest		36-3866530 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
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		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

Part V, line 4:

ELPC	maintains	board-	-designated	funds	for	long-term	use.	The	funds	are

available as needed to allow ELPC to continue to fulfill its exempt

purpose, and have recently been used to support programmatic work.

In accordance with UPMIFA, the Center considers the following factors in

making a determination to appropriate or accumulate earnings on

donor-restricted endowment funds:

- The duration and preservation of the fund

- The purpose of the Center and the donor-restricted endowment fund

- General economic conditions

- The possible effect of inflation and deflation

Part XIII Supplemental Information (continued)

- The expected total return from income and the appreciation of

investments

Schedule D (Form 990) 2021

- Other resources of the Center

- The investment policies of the Center

Part X, Line 2:

The Center follows the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Center may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Center and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the financial reporting period projected in these consolidated financial statements.

The Center files Forms 990 in the U.S. federal jurisdiction and the State of Illinois.

SCHEDULE G	Suppleme	ntal Infor	matio	n Rega	arding	Fund	Iraisi	ng or	Gaming A	ctiv	ities	0	MB No. 1545-0047
(Form 990)	Complete if the	e organization								or 19,	or if the		2021
Department of the Treasury				ch to Fo									Open to Public
Internal Revenue Service									est informati	on.	Employer		nspection tification number
Name of the organization	• Environ the Mid		Law	anu	POI	тсу	Cer	iter	01		36-38		
Part I Fundrais	sing Activities.		f the org	anizatio	n answe	ered "Y	es" or	n Form 9	90, Part IV, I	ine 1			
	complete this par												
1 Indicate whether th	•	ed funds thr	ough an			•			,				
a Mail solicita b Internet and	tions email solicitations			e 🛄	Solicita		-		ent grants				
c Phone solici					Special		-	-	ranto				
d 🗌 In-person so	olicitations			-	·		Ū						
2 a Did the organization		•		•		•	Ũ			tees,			<u> </u>
key employees list b If "Yes," list the 10		,			•				•	ho fur		Yes	No
compensated at le	•		•	nuraiser	s) pursu		ayreer	nems u				5 06	
	· · ·	-				()	<u> </u>			60	Amount pa	id	
(i) Name and addres			(ii) Acti	vity		(iii) fundr have ci	Did aiser ustody			tò (c	or retained to fundraiser		(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(, ,			or con contribu	trol of	fror	n activity	listed in col. (i)			organization '	
						Yes	No						
												-	
												_	
Total							•						
3 List all states in wh or licensing.	ich the organizatio	n is registere	ed or lice	ensed to	solicit (contrib	utions	or has	been notified	it is e	exempt from	n reg	istration
or nooriding.													

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

Schedule G (Form 990) 2021

<u> </u>			mental Law an	nd Policy Cer				
	edul I rt I	e G (Form 990) 2021 the Mid				3866530 Page 2		
Га	ILI	Fundraising Events. Complete if the of fundraising event contributions and green of fundraising event contri						
			(a) Event #1	(b) Event #2	(c) Other events			
					None	(d) Total events		
			Annual Gala		NOILE	(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
ne								
Revenue	1	Gross receipts	529,326.			529,326.		
Re	•		52575200			52575200		
	2	Less: Contributions	273,457.			273,457.		
	-							
	3	Gross income (line 1 minus line 2)	255,869.			255,869.		
		· · · · · · · · · · · · · · · · · · ·						
	4	Cash prizes						
	5	Noncash prizes						
ses								
ens	6	Rent/facility costs						
Direct Expenses								
ect	7	Food and beverages	113,336.			113,336.		
Dir								
	8	Entertainment	4			<u>32,647.</u> 1,772.		
	9	Other direct expenses				1,772.		
	10	Direct expense summary. Add lines 4 through			🕨	147,755.		
Da	11 rt I	Net income summary. Subtract line 10 from li		000 Det N/ Pee 40 er		108,114.		
Га		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than			
		\$13,000 011 0111 330-L2, iiile 0a.		(b) Pull tabs/instant		(d) Total gaming (add		
anu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
Å	1	Gross revenue						
ő	2	Cash prizes						
xpenses								
kpei	3	Noncash prizes						
ш								
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes%	Yes %			
	6	Volunteer labor	No No	No	No			
	_							
	7	Direct expense summary. Add lines 2 through	1 5 IN COIUMN (d)		▶			
	8	Not gaming income summers, Subtract line 7	from line 1 column (d)		⊾			
	0	Net gaming income summary. Subtract line 7			·····	1		
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities.					
		he organization licensed to conduct gaming a				Yes No		
b If "No," explain:								
	_	· · ·						
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No		
b	lf "	Yes," explain:						

132082 10-21-21

Sch	edule G (Form 990) 2021	Environmenta the Midwest		Policy Cente	36-	3866530	Page 3
	Does the organization conduct gar						No
	Is the organization a grantor, bene	ficiary or trustee of a trus	st, or a member of a	partnership or other entit	ty formed		
13	to administer charitable gaming? Indicate the percentage of gaming					Yes	L No
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	person who prepares th	e organization's ga	ming/special events book	s and records:		
	Name						
	Address 🕨						
15a	Does the organization have a cont	ract with a third party fro	m whom the organi	zation receives gaming re	venue?	Yes	No No
k	If "Yes," enter the amount of gamin			\$	and the amount		
	of gaming revenue retained by the						
C	: If "Yes," enter name and address of	of the third party:					
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided	▶					
	Director/officer	Employee		ent contractor			
	Mandatory distributions:						
â	Is the organization required under retain the state gaming license?					Yes	No
t	Enter the amount of distributions r			other exempt organization			
-	organization's own exempt activitie	•					
Pa	Supplemental Inform 15b, 15c, 16, and 17b, as	mation. Provide the exp	planations required		s (iii) and (v); and Pa	art III, lines 9, 9	9b, 10b,
	150, 150, 16, and 170, as	applicable. Also provide a	any additional mon	hation. See instructions.			

Schedule G	(Form 990) Supplemental Inform	Envi the mation	ronmental Midwest			of	36-3866530	Page 4
			(continued)					

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations,		L	OMB No. 1	545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	21
Department of the Treasury Internal Revenue Service			Co to youry in	Attach to Form s.gov/Form990 fo		action			Open to Inspe	
Name of the organizati	ion Environme the Midwe		and Policy (Employer i	-	on number
Part I General Ir	nformation on Grants a									
1 Does the organiz	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			
	award the grants or assis							[X Yes	No No
	IV the organization's pro									
	d Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, f	or any	
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g r assistanc	
Blacks in Green										
6433 S. Cottage G Chicago, IL 60637		45-2453557	501(c)(3)	25,833.	0.			Technolog	y/Energy	Policy
Community Power 2720 E. 22nd Stre	ot									
Minneapolis, MN 5		47-5090761	501(c)(3)	22,500.	0.			Energy Pc	licy	
Illinois People's	Action									
P.O. Box 76					_					
Bloomington, IL 6	1702	37-1371446	501(c)(3)	22,500.	0.			Energy Po	licy	
Soulardarity										
21 Highland Stree	t									
Highland Park, MI	48203	47-2733535	501(c)(3)	22,500.	0.			Energy Po	licy	
2 Enter total numb	per of section 501(c)(3) a	nd government or	 nanizations listed in the	line 1 table						4.
	per of other organization									0.
	Reduction Act Notice							Schedu	le I (Form	

Env	ironmental	Law	and	Policy	Center	of
the	Midwest			_		

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Part I, Line 2:

Grants that are issued to organizations other than related organizations

are first reviewed by individual staff members. Upon approval, the grants

are then submitted for the approval of the Executive Director and the check

is written. Included with the check is a signed agreement confirming the

use of the grant funds.

Grants that are issued to related organizations do not have a formal

procedure for grant approval. Instead, amounts are transferred to fulfill

36-3866530

Page 2

Schedule I (Form 990) Part IV Supplemental Infor	Environmental Law and Policy Center of the Midwest mation	36-3866530 Page 2
the related organiza	ation's intended charitable purpose and	are monitored by
common members of th	he board of directors and officers.	

SCI	SCHEDULE J Compensation Information					17	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	tment of the Treasury	Attach to Form 990.	0	pen to Inspe		ic	
	al Revenue Service e of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. Environmental Law and Policy Center of	Employer ident			nhor	
INAIII	e of the organization	the Midwest	36-386			IDei	
Pa	rt I Question	s Regarding Compensation	50-500	055	0		
					Yes	No	
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163		
а		line 1a. Complete Part III to provide any relevant information regarding these items.	330,				
	First-class or c		naluse				
	Travel for com						
		ation and gross-up payments X Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffel					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2				1b	X		
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х		
		······································					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i				
	•	ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract						
	Independent compensation consultant						
	X 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 re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		4a		Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		Х	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		Х	
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
				<u>6a</u>		<u>X</u>	
b	Any related organiz	ation?		6b		X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7	X		
	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule .	J (Forn	n 990)	202	

Schedule J (Form 990) 2021

the Midwest

36-3866530

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Howard A. Learner	(i)	468,748.	1,000.	120.	39,500.	35,249.	544,617.	0.
President & Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kevin Brubaker	(i)	230,635.	2,500.	287.	29,500.	35,267.	298,189.	0.
Deputy Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Bradley Klein	(i)	194,160.	2,500.	400.	19,500.	29,867.	246,427.	0.
Senior Attorney	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Robert Kelter	(i)	195,941.	1,000.	480.	19,000.	16,178.	232,599.	0.
Senior Attorney	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Mary Frances O'Connor	(i)	198,546.	2,500.	480.	9,975.	20,931.	232,432.	0.
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Allen Grosboll	(i)	180,633.	1,000.	0.	19,500.	18,668.	219,801.	0.
Co-Legislative Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Scott Strand	(i)	182,693.	1,000.	480.	7,328.	714.	192,215.	0.
Senior Attorney	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

ELPC pays all employees \$40/month toward health club membership. The

benefit is treated as taxable.

Part I, Line 7:

Employees received bonuses during FY22 for a small, across-the-board

holiday bonus. These bonuses were set by senior management, and the Board's

Executive Committee approved the same bonus for Howard Learner.

(Fo	orm 990)	Complete if the era	onizationa	anowarad "Vaa" a	n Form 990, Part IV, lines 2	20 or 20	20	21	
	tment of the Treasury I Revenue Service	Attach to Form 990			the latest information.		Open to Inspe	ction	
Nam	e of the organizatior		1 Law	and Policy	/ Center of		identificatio		mber
		the Midwest				3	6-3866	530	
Pa	rt I Types of	Property				1			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar	•	S
1									
2		sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8		у	x	13		A G = 1 ⁻	1 <u>'</u> D.		
9		y traded	X	13	0/3,895.	Avg. Sell	ling P.	rice	<u>a</u>
10		held stock							
11	Securities - Partner								
10									
12 13	Qualified conserva	aneous							
13	Historic structures								
14		tion contribution - Other							
15	Real estate - Resid								
16		nercial							
17									
18									
19									
20		supplies							
21									
22									
23		ns							
24		acts							
25)							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29		3283 received by the organi						•	
	for which the organ	nization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
								Yes	No
30a		d the organization receive b	-	•••••					
		ast three years from the date	_						v
		or the entire holding period'	<i>?</i>				<u>30a</u>		X
		he arrangement in Part II.	ooliov that	auiroo the review	of any popotondard asstuite	tional		х	
31		tion have a gift acceptance price him have a gift acceptance price and the second states and the second states a					31	•	├──
32a	•	ion hire or use third parties		•	· · ·		20-		x
۲.	contributions? If "Yes," describe in	n Dart II					<u>32a</u>		
ы 33		didn't report an amount in c	olumn (c) fo	r a type of proport	(for which column (a) is cho	cked			
00	describe in Part II.	aian treport an amount in c		a type of property	ion which column (a) is che	uncu,			
	aboonse intrart II.								<u> </u>

Noncash Contributions

LIA I OF Paper work neduction Act Notice, see the instructions for Form 330	LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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OMB No. 1545-0047

132141 11-17-21

SCHEDULE M

(Form 990)

	Envi	ronme	ntal	Law	and	Policy	Center	of			
Schedule M (Form 990) 2021 Part II Supplemental		Midwe		ha infarr	notion ra		vrt L linco 20h (20b and 22		-3866530	Page 2
is reporting in Part this part for any ac	t I, colun	וח (b), the r	number o	of contrib	outions, 1	the number of	of items receive	d, or a comb	ination	of both. Also com	plete
Schedule M, Part	Ξ,	Colum	n (b)):							
Represents the n	umbe	rofo	conti	ribut	ions	•					
_											

SCHEDULE O (Form 990)



36-3866530

Form 990, Part I, Line 1, Description of Organization Mission:

working to improve environmental quality and protect our natural

heritage.

Form 990, Part III, Line 1, Description of Organization Mission:

advocacy campaigns to improve environmental quality and protect our

natural resources. We are public interest environmental entrepreneurs

who engage in creative business deal making with diverse interests to

put into practice our belief that environmental progress and economic

development can be achieved together. ELPC's multidisciplinary staff of

talented and experienced public interest attorneys, environmental

business specialists, policy advocates, and communications specialists

bring a strong and effective combination of skills to solve

environmental problems.

Form 990, Part III, Line 4d, Other Program Services:

Climate Change and Other Projects - ELPC promotes policies and programs

to address climate change and engages in activities to promote green

business activities which create jobs and address environmental

problems.

Expenses \$ 56,608. including grants of \$ 0. Revenue \$ 114,999.

Form 990, Part VI, Section A, line 6:

ELPC shall have one class of members. The Board of Directors may, from time

to time, designate different subclasses such as "Sustaining,"

"Sponsoring," "Participating," and similar such classes.

Schedule O (Form 990) 202	21						Page 2
Name of the organization	Environmental	Law	and	Policy	Center	of	Employer identification number
	the Midwest						36-3866530

Form 990, Part VI, Section B, line 11b: ELPC's Deputy Director was closely involved in the preparation of Form 990. Form 990 was reviewed by the Executive Director and the Treasurer and it was distributed to the entire Board of Directors prior to its filing.

Form 990, Part VI, Section B, Line 12c:

ELPC annually distributes the conflict of interest statement to its directors to ensure that they are aware of its requirements. In the course of meetings and activities involving ELPC, any board member or staff member will disclose any interests in a transaction or decision where he/she has a material interest in the outcome or where his/her other affiliations might impair his/her ability to act solely in the best interests of ELPC. Attorneys are also expected to follow the rules of professional conduct provided by American Bar Association concerning conflicts of interest. A board member will not be permitted to vote on any matter on which he/she has a material interest. The executive director shall decide to what extent, if any, a staff member may participate in an activity in which he/she has a material interest.

Form 990, Part VI, Section B, Line 15a: <u>The Executive Director's compensation is determined by the Executive</u> <u>Committee of the Board of Directors based on an annual performance</u> <u>appraisal and benchmarking against salaries of executive directors of</u> <u>comparable nonprofit organizations. Their process was documented in</u> <u>memorandum signed by the Board Chair.</u>

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990) 2021	Page 2
Name of the organization Environmental Law and Policy Center of the Midwest	Employer identification number 36-3866530
The governing documents, conflict of interest policy, and	financial
statements are available upon request for the same period	of disclosure as
set forth in IRC Section 6104(d).	

SCHEDULE I	в	Related Organization	0	OMB No. 1545-0047						
(Form 990)		plete if the organization answered								
Department of the	Treasury		ttach to Form 990.				Ο	pen to P	ublic	
Internal Revenue S		► Go to www.irs.gov/Form990 Law and Policy Ce		st information.		Employ	er identifi	Inspecti		
	the Midwest						38665			
Part I Ide	entification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.						
	(a)	(b)	(c)	(d)	(e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state o foreign country)	or Total incon	ne End-of-year	assets			controlling ntity	
		_								
		_								
		-								
		-								
	entification of Related Tax-Exempt Organiz ganizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, be	ecause it had one o	or more relate	ed tax-exer	npt		
	(a)	(b)	(c)	(d)	(e)	(f)		Section (g) 512(b)(13)	
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct cor enti	0	cont	rolled ity?	
	or rolated organization		loreign country)	bootion	501(c)(3))	enti	GHULY		No	
-	tal Law and Policy Center Action					Environmen		Yes		
	4767097, 35 East Wacker Drive,	 Environmental advocacy	Illinois	501(c)(4)		& Policy C of the Mid		x		
Suite 1000	, Chicago, IL 60601-2208	Environmental advocacy		501(C)(4)		or the Mid	west			
		-								
		-								

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Schedule R (Form 990) 2021 the Midwest

36-3866530 Page 2

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

(-)	(1.)	. (.)	(.))	(-)	(0)	(-)		-)	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		foreign country)		sections 512-514)		255615	Yes	No	K-1 (Form 1065)		
	1										

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				433013		Yes	No
	1								
	1								

Schedule R (Form 990) 2021 the Midwest

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
ο	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		Х

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Environmental Law and Policy Center Action (1) Fund	Q	264,201.	Cash Paid
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 the Midwest

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

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

(a)	(b)	(c)	(d)	16	2	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	all	Share of	Share of		opor-	Code V-UBI	General o	
of entity	i mary douring	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tio alloca	opor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
		-		165	NU			103		(************	165 144	,
				1				1	1			1

Schedule R (Form 990) 2021

	(=	Environmental	Law and	Policy Cent	er of	26 2866520	
Schedule R	(Form 990) 2021	the Midwest				36-3866530	Page 5
	Supplemental Infor						
	Provide additional informa	ation for responses to questi	ons on Schedul	e R. See Instructions.			