# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending , 20 For the 2021 calendar year, or tax year beginning Check if applicable: D Employer identification number Address change Global Energy Monitor 82-2723327 1254 Utah Street Telephone number Name change San Francisco, CA 94110 510-331-8743 Initial return Final return/terminated **G** Gross receipts \$ Amended return 5.161. F Name and address of principal officer: Theodore Nace H(a) Is this a group return for subordinates Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or 527 501(c) ( Website: ► www.globalenergymonitor.org H(c) Group exemption number Form of organization: X Corporation M State of legal domicile: CA Trust L Year of formation: 2017 Summary Briefly describe the organization's mission or most significant activities: The mission of Global Energy Monitor is to develop and share information in support of the worldwide movement for clean energy. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 5 5 29 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 1,537,001 5,063,965. Program service revenue (Part VIII, line 2g) ..... 6,000 83,163. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 14,267 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 1,543,001 5,161,395 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 10,000 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 1,131,062 2,217,893 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 818,158. 375,242. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,516,304. 3,036,051. Revenue less expenses. Subtract line 18 from line 12..... 26,697. 2,125,344. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 987,979. 3,048,707. 21 175,744. 121,605. Net assets or fund balances. Subtract line 21 from line 20..... 22 812,235. 2,927,102. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Joshua Kruskal Director Fin. & Ops Type or print name and title Print/Type preparer's name Preparer's signa 05/23/2022 Felix Gorrindo self-employed P01658413 **Paid** Preparer ► Crosby & Kaneda CPAs LLP Use Only Firm's EIN ► N/A Firm's address 1970 Broadway STE 930

Oakland, CA 94612

835-2727

Yes

(510)

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automat	ic 6-Month Extension of Time. Only sub	omit origin	al (no copies needed).						
	tions required to file an income tax return other t			s, RE	MICs, and t	rusts must			
use Form /	7004 to request an extension of time to file incom  Name of exempt organization or other filer, see instructions.	ne tax returns	S	Taxpayer identification number (TIN					
Type or									
print	Global Energy Monitor			82-	82-2723327				
File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.		102					
due date for filing your	1254 Utah Street								
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign ad	ddress, see instru	uctions.						
	San Francisco, CA 94110								
Enter the R	Return Code for the return that this application is	for (file a se	parate application for each return)			01			
Application Is For	1	Return Code	Application Is For			Return Code			
Form 990 c	or Form 990-EZ	01	Form 1041-A			08			
Form 4720	(individual)	03	Form 4720 (other than individual)			09			
Form 990-F	PF	04	Form 5227			10			
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	11					
	(trust other than above)	06	Form 8870			12			
Form 990-T	(corporation)	07							
<ul><li>If the or</li><li>If this is check to</li></ul>	ne No. ► 510-331-8743  rganization does not have an office or place of best for a Group Return, enter the organization's found his box ►	ur digit Group	e United States, check this box  Exemption Number (GEN)	this is	for the wh	ole group,			
for the	est an automatic 6-month extension of time until e organization named above. The extension is for calendar year 20 $\underline{21}$ or $\underline{}$ tax year beginning, 20	or the organiz _, and endi	ng, 20	zation	return				
	tax year entered in line 1 is for less than 12 months and accounting period	nths, check r	eason: Initial return Fir	nal retu	ırn				
3 a If this nonre	application is for Forms 990-PF, 990-T, 4720, of fundable credits. See instructions	r 6069, enter	the tentative tax, less any	3 a	\$	0.			
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720, o ayments made. Include any prior year overpayme	r 6069, enter ent allowed a	any refundable credits and estimated as a credit	3 b	\$	0.			
c Balan EFTP	ice due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Se	our payment of instructions	with this form, if required, by using	3 с	\$	0.			
Caution: If payment in	you are going to make an electronic funds withd structions.	Irawal (direct	debit) with this Form 8868, see Form 8	153-TE	and Form	8879-TE for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Par	t III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefl	fly describe the organization's mission:		71
-		e mission of Global Energy Monitor is to develop and share information in s	roggus	rt.
		the worldwide movement for clean energy.		
2		he organization undertake any significant program services during the year which were not listed on the prior		
		n 990 or 990-EZ? See Schedule O X	es	No
		es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program services? Yo	es X	No
3		es," describe these changes on Schedule O.	es V	NO
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured l	ov exper	nses.
	Section	tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	al expen	ses,
	anu n	revenue, il any, for each program service reported.		
Δa	(Code	de:) (Expenses \$ 1,089,641. including grants of \$) (Revenue \$		)
	<u> </u>			
1 h	(Code	de:) (Expenses \$ 1,050,020. including grants of \$ ) (Revenue \$	70,1	62 )
	•		70,1	03.
	<u>see_</u>	<u> </u>		
1.0	(Code	de: ) (Expenses \$ 484,307. including grants of \$ ) (Revenue \$	12 0	00 )
40	•	newables: Global Energy Monitor's renewables program includes two forthcomi	13,0	00.
	nro	ojects, the Global Solar Power Tracker (GSPT) and the Global Wind Power Tra	cker	
		WPT). Together, these projects will provide a detailed overview of solar ar		nd
		wer infrastructure around the world. The trackers will provide interactive		
		oles on GEM's public website. The maps and tables will allow users to see t		
		cation and satellite imagery of individual facilities and to click on links		
		oviding footnoted wiki pages on each facility. Tracker data will also be pr		ed
	in	spreadsheet format to researchers at nonprofit groups, universities, inter	natio	nal
		encies, and media organizations. The trackers will be updated twice per yea	ar and	1
	<u>fi</u> n	ndings_will_be_publicized_in_regular_reports		
Λ.1	Othor	or program convices (Describe on Schodule O.)		
4 d		er program services (Describe on Schedule O.)  See Schedule O  benses \$ 97,947, including grants of \$ ) (Revenue \$	`	
<b>4</b> e		I program service expenses ► 2.721.915	)	

# Form 990 (2021) Global Energy Monitor 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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 Revenue Procedure 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? <i>If 'Yes,' complete Schedule D, Part II</i>	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 or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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) Global Energy Monitor Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
i	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			$\neg$
	Check if Schedule O contains a response or note to any line in this Part V			_ —
1 :	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1 c		<u> </u>
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Form 990 (2021) Global Energy Monitor

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

			Yes	No
28	a 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 29			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	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)?	4 a		Х
	o 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).			
<b>5</b> .	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			21
7	not tax deductible?	6 b		
	• • • • • • • • • • • • • • • • • • • •			
Č	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g 7 h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
á	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	a If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a 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			
(	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ı	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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? ...... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 ..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Theodore Nace 1254 Utah St San Francisco CA 94110 510-331-8743

Form 990	(2021)	Global	Energy	Monitor
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Page 7

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

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

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

- 1 a 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 relate	ed organiz	ation	con	npen	nsate	ed ang	у си	rrent officer, direct	or, or trustee.	
	(C)									_
(A) Name and title	(B) Average hours per week	thai	n one s both dir	box, an c ector	ot check more unless perso officer and a /trustee)		son	(D)  Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	<b>(F)</b> Estimated amount of other compensation from
	(list any hours for related organiza- tions below dotted line)	individual trustee or director	institutional trustee	Officer	(ey employee	Highest compensated employee	ormer	MISC/1099-NEC)	MISC/1099-NEC)	the organization and related organizations
(1) Theodore Nace	40									
President	0	Χ		Χ				131,520.	0.	22,941.
(2) Christine Shearer	40									
Program Director	0					Χ		111,595.	0.	2,835.
(3) Mason Inman	40									
Data Director	0					Х		107,457.	0.	0.
(4) Joshua Kruskal	40									
Dir Fin & Ops	0			Χ				98,235.	0.	0.
_(5) Paula Baker	1									
Treasurer	0	Χ		Χ				0.	0.	0.
_(6) Ashish Fernandes	0.25							_		_
Secretary	0	Χ		Χ				0.	0.	0.
	0.25									
Director	0	Х						0.	0.	0.
	0.25	.,						•	•	•
Director	0	Х						0.	0.	0.
_(9) Sheldon Rampton	0.25	.,						^	0	0
Director	0	Х						0.	0.	0.
(10)		:								
(11)										_
(12)										
<u>(13)</u>										
(14)										

Tart VII Section A. Officers, Directors, 110		, cy		•	_	CJ, (	uiik	a riigilest con	ipensatea Emp	oyees (continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	er an	ss pe	sition more erson directo	than highest compensated employee	n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal	on A						<b>▶ ▶</b>	448,807. 0. 448,807.	0. 0. 0.	25,776. 0. 25,776.
from the organization 3	10 111036 1	isicu	abov	<i>(</i> C) v	WIIO	i ecei	veu	more than \$100,00	o of reportable comp	
3 Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h individu	e, ke al	y er	nplo	oyee 	e, or	high	nest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	∕es,'	com	iple	te Schedule J for	from 	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio te Sc	n fro	om : lule	any <i>J fo</i>	unre r suc	late	ed organization or	individual	. 5 X
Section B. Independent Contractors										, , , ,
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epend the ca	dent alend	cor dar <u>y</u>	ntrad year	ctors endii	tha ng v	vith or within the or	ganization's tax year	
<b>(A)</b> Name and business add	ress							(B) Description of	of services	<b>(C)</b> Compensation
Greig Aitken Mosnova 25 61500 Brno ZL, 7	57 57 19	92 C:	zecl	h R	.epu	blic	2	Website & fin	. research	113,120.
2 Total number of independent contractors (including by	out not limi	itad ta	tho	se I	ictor	l aho	V6) :	who received more	than	
\$100,000 of compensation from the organization	<b>▶</b> 1					au0'	vc)	wito received more	uiaii	
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		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
onto	b	lines 1a-1f.	5 062 065			
	п	Business Code	5,063,965.			
Revenu	2a b	Program service fees 900099	83,163.	83,163.		
Program Service Revenue	c d					
jram	e f	All other program service revenue				
Prog		Total. Add lines 2a-2f▶	83,163.			
	3	Investment income (including dividends, interest, and other similar amounts)				
	5	Royalties				
	b	Gross rents				
		Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b				
		Gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
her		Less: direct expenses 8b				
ō		Net income or (loss) from fundraising events				
		See Part IV, line 19				
		Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
		Net income or (loss) from sales of inventory ▶				
S	11	Business Code				
Miscellaneous Revenue	11 a b c	<u>Exchange gain</u> 900099 <u>Other</u> 900099	12,275. 1,992.			12,275. 1,992.
ISC¢ Re	d	All other revenue				
		Total. Add lines 11a-11d	14,267.			
	12	<b>Total revenue.</b> See instructions ▶	5,161,395.	83,163.	0.	14,267.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ...... 124,926. 252,696. 77,231. 50,539. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 56,755 1,672,783 1,616,028. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..... 16,935 596 17,531 124,171 117,260 6,911 150,712 3,640. 133,225 13,847 11 Fees for services (nonemployees): c Accounting..... 42,827 42,827 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCh. ( 674,592. 674,360. 192 40. Advertising and promotion..... 12 974. 323. 645. 6. 13 4,024. 3,314 677 33. Information technology..... 68,781. 14 70,285. 234. 270. 15 Royalties.... 17 1,015 990 25 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 961 961. 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization. . . . 23 1,993. 1,993. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 653. a Dues, license & service fees 21,487 13,468 7,366 b h e All other expenses..... Total functional expenses. Add lines 1 through 24e. . . 3,036,051 2,721,915 258,955 55,181 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to	o any line in this Part X	<u> </u>	<u></u>	<u></u>
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		588,090.	1	755,806.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	2,291,574.
	4	Accounts receivable, net		389,706.	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	l contributor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	`		6	
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use	L		8	
Assets	9	Prepaid expenses and deferred charges		2,493.	9	1,327.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.		2,493.		1,327.
	h	Less: accumulated depreciation.		7,690.	10 c	
	11	Investments — publicly traded securities		1,090.	11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – other securities, see Fart IV, line 11.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	987,979.	16	3,048,707.	
	17	Accounts payable and accrued expenses		175,744.	17	121,605.
	18	Grants payable			18	
	19	Deferred revenue			19	
'n	20	Tax-exempt bond liabilities			20	
<u>ë</u>	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	I parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, iplete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	<u></u>	175,744.	26	121,605.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e M			
ョ	27	Net assets without donor restrictions		-629,615.	27	359,646.
m	28	Net assets with donor restrictions		1,441,850.	28	2,567,456.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund		30	
SS	31	Retained earnings, endowment, accumulated income,	, or other funds		31	
t A	32	Total net assets or fund balances		812,235.	32	2,927,102.
ž	33	Total liabilities and net assets/fund balances		987,979.	33	3,048,707.
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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		5,16	51,3	95.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3	3,03	36,0	51.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,12	25,3	344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		81	2,2	35.
5	Net unrealized gains (losses) on investments.	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-1	0,4	77.
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,	10	_			
	column (B))	10		2,92	27,1	.02.
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 O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a	a			
	b Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ite				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Χ
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
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### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name	of the	eorganization					Empl	oyer identifica	ation number	
Glo	obal Energy Monitor						82-	-272332	7	
Par	t I	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) Se	e instruc	ctions.	
The	orga	nization is not a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 1 <b>70</b> (	b)(1)(A)(	(i).			
2		A school described in section	<b>n 170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170	0(b)(1)(A	۹)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	ction 170(b)(	1)(A)(iii). E	nter the h	ospital's
		name, city, and state:	,	•			, , ,			·
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governme	ntal unit de	escribed in	)
6	П	A federal, state, or local gove	•	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the	general pul	olic describ	ed
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a land	d-grant colle	ege	
		or university or a non-land-granuniversity:								
10		An organization that normally from activities related to its investment income and unredune 30, 1975. See section!	exempt functions, sub lated business taxabl	e income (less section)	ns; and	(2) no r	more than 33	3-1/3% of it	ts support	from gross
11		An organization organized ar	* * * * * * * * * * * * * * * * * * * *	•	ety. See	section	n 509(a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on								
а		Type I. A supporting organization organization (s) the power to re	on operated, supervise gularly appoint or elect	d. or controlled by its sup	ported o	rganizat	tion(s), typical	IIv by aiving	the suppo	orted <b>ust</b>
L	complete Part IV, Sections A and B.									
t	' <u>L</u>	management of the supporting must complete Part IV, Section 19	organization vested in	the same persons that co	ontrol or	manage	ted organizate the supporte	tion(s), by d organizat	naving co ion(s). <b>Yo</b> u	ntrol or I
C		Type III functionally integrated organization(s) (see instruction	A supporting organizations). <b>You must com</b>	ion operated in connection	n with, ar <b>A, D, an</b>	nd function <b>d E.</b>	onally integrat	ted with, its	supported	
C	l [_	Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	anization operated in cor	nection	with its	supported ora	anization(s)	that is no	t ent (see
e		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS	that it is	s a Type I, T	ype II, Typ	e III functi	onally
f	Er	iter the number of supported								
ç	Pr	ovide the following information	n about the supported	d organization(s).						
	<b>(i)</b> Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed loverning ment?	(v) Amount support (see		` '	nount of other see instructions)
					Yes	No				
					163	140				
(A)										
(B)										
(C)										
(D)										
-,										
(E)										
Tota	ı									

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		616,685.	1,128,063.	1,537,001.	5,063,965.	8,345,714.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total	0.	616,685.	1,128,063.	1,537,001.	5,063,965.	8,345,714.
	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,879,615.
6	Public support. Subtract line 5 from line 4						3,466,099.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	0.	616,685.	1,128,063.	1,537,001.	5,063,965.	8,345,714.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.		9,000.			14,267.	23,267.
	Total support. Add lines 7 through 10						8,368,981.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	83,163.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ 🗓
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20 Public support percentage from 2	21 (line 6, column	n (f), divided by li	ne 11, column (f)	)	14	<u>%</u> %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization di	d not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, chec	k this box
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization did	I not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and <b>stop here</b>	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organiz	meets the facts-a I-circumstances te	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the ►
-				,,	,		

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.)

Sec	tion A. Public Support	- sto notog polon,	picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	<b>(7</b> ) o.c.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
	Amounts from line 6						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•	• • •	-			<u> </u>
	Investment income percentage for					<u> </u>	% 
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2020.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organiz	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	ization ▶

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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 <b>Part VI</b> , 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			
b	accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
_	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	· · · · · · · · · · · · · · · · · · ·	<b>5</b> C		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	: 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 <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly in ridinately controls, either alone or together with persons described on lines 11h and 11c below, the governing body of a supported organization.  b A family member of a person described on line 11a above?  c A 35% carnotic entire thing in gream sensitive or line 11a above?  c A 35% carnotic entire of a person described on line 11a above?  c A 35% carnotic entire of a person described on line 10 above?  c A 35% carnotic entire of a person described on line 10 above?  c A 35% carnotic entire of a person described on line 11a above?  1 Did the governing body, members of the gipeering body, officers acting in their official capacity, or membership of one or more supported organizations have the power to requirely appoint or ericcal a less at majority of the organization of officers, directors, or fursities at all times during the tax year? If No. (escribe in Part VI have the supported organization of orthogon or orthogon or personal or orthogon organizations or restrictions, if any, applied to such powers during the tax year.  2 Did the organization organization or supported organizations or restrictions, if any, applied to such powers during the tax year.  3 Did the organization organization or supported organizations or this personal organization or providing such benefit carned out the purposes of the supported organizations? If Yes, explain in Part VI have controlled the supported organization in the supported organization or providing organization was vested in the same persons that controlled or managed the supported organization (by 12 personal organization) and providing such benefit carned out the purposes of the supported organization was vested in the same persons that controlled or managed the supported organization (by 12 person or the relational provides to each of its supported organizati	Part	t IV	Supporting Organizations (continued)			
a A person and othersty or indirectly controls, either alone or together with persons discribed on lines 11th and 11c below, the governing body of a supported organizations.  b A family member of a person described on line 11a above?  c A 30% controlled with of a person described on line 11a above?  1 Did the governing body, members of the governing body, efficient 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 efficient, correctors, or furtaines at all times during that say year? We have described among the supported organization in the power to regularly appoint or elect at least a majority of the organization's efficient, directors, or furtaines at all times during that say year? We have described among the supported organization and what controlled or remove officers, directors, or furtaines where allocated among the supported organizations and what controlled or remove officers, directors, or furtaines where allocated among the supported organizations and what controlled or remove officers, directors, or furtaines where allocated among the supported organizations or supported organizations, if year, explain in Part VI how providing such benefit carried out the purposes of the supported organizations of year and the purposes of the supported organizations of year and the purposes of the supported organizations of year and the organization of year and the purposes of the supported organizations of year and continued the supported organizations.  1 Were a majority of the organization directors or fusices during the tax year and the organization of year and the provided organizations of year and continued to each of its supported organizations, by the last day of the fifth month of the organization of year and year a	11	Lloc t	the expenientian accepted a gift or contribution from any of the following persons?		Yes	No
the governing body of a supported organization?  A Site and the properties of a person described on line 11a above?  A Site and the properties of the governing body officers acting in their official capacity, or membership of one or more supported organizations bave the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the law year? If 'No, describe in Part VI now the supported organizations officers, directors, or trustees at all times during the law year? If 'No, describe in Part VI now the supported organization's officers, directors, or trustees at all times during the law year? If 'No, describe in Part VI now the supported organization's officers, directors, or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the fax year.  2 bid the organization operate for the benefit of any supported organization of the the purposes of the supported organizations? If 'No, describe in Part VI now providing such benefit carried out the purposes of the supported organizations? If 'No, describe in Part VI now providing such benefit carried out the purposes of the supported organizations? If 'No, described in Part VI now providing such benefit carried out the purposes of the supported organizations? If 'No, described in Part VI now the organization was vested in the same persons that controlled or managed the supported organization of the supporting organization was vested in the same persons that controlled or managed the supported organization of the supporting organization was vested in the same persons that controlled or managed the supported organization of the supporting organization was vested in the same persons that controlled or managed the supported organization of the organization in the supported organiz						
C A 35% controlled entity of a person described on line 11a or 11b above? If Yer's to line 11a, 11b, or 11b, provide debut in Part VI.  Section B. Type I Supporting Organizations  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 organizations of effects, threateds, or instense at all at times during the tax year? If Yes's describes in Part VI have the supported organization of effects, threated, supervised, or controlled the supported organization of the threated and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of If Yes's, explain in Part VI have providing such benefit carried out the purposes of the supported organization? If Yes's, explain of Part VI have control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s).  1 Were a majority of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization was vested in the same persons that controlled or managed the supported organization(s).  2 Were any of the organization of the supported organizations, but the organization of the organization was recommended and organization or disposition for the event of the organization organization was recommended as of continuous working relaterating with the supported organizations and organizations and explain how the organization was recommended organizations.  2 Were any of the organization simple that the organiz				11a		
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Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's directors, or trustees either (i) appointed organization? If No. 'explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described 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 organizations have a significant voice in the organization studies and in directing the use of the organizations have a significant voice in the organization studies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization is the parent of each of its supported organizations.  A continuous and explain how these activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organiza	1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>Se</b> through E.	ee
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Curr (opti	ent Year onal)
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			
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Curr (opti	ent Year onal)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	c Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-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			
Sec	tion C — Distributable Amount			Currer	nt 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization	
D 4 /			C - I-		0000 0000

BAA Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)					
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> 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>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
<b>d</b> Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

82-2723327

Page 8

Part VI

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

# Part II, Line 10 - Other Income

Nature and Source		 2021	 2020	 2019	 2018	 2017
Other Exchange gain		\$ 1,992. 12,275.			\$ 9,000.	
<i>y y</i>	Total	\$ 14,267.	\$ 0.	\$ 0.	\$ 9,000.	\$ 0.

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2021

Employer identification number

OMB No. 1545-0047

	l Energy Monitation type (check one)	82-2723327								
Filers of		Section:								
	or 990-EZ	X 501(c)( 3 ) (enter number) organization								
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
		527 political organization								
Form 99	)-PF	501(c)(3) exempt private foundation								
		4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation								
		red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.							
General	Rule									
		illing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for defontributions.								
Special I	Rules									
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lind from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of ( <b>1</b> ) \$5,000; or							
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete istead of the contributor name and address), II, and III.	table, scientific,							
contributor, during the contributions totaled during the year for a General Rule applie		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions							
must ans	wer 'No' on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedu 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 t the filing requirements of Schedule B (Form 990).								

Employer identification number

Global Energy Monitor 82-2723327 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 1,390,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2\_ **Payroll** 1,015,241. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 3\_ **Payroll** 1,025,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4\_ **Payroll** 333,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 5 **Payroll** 300,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 6 **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.)

Global Energy Monitor 82-2723327 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 150,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 8 **Payroll** 137,520. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 9 **Payroll** 361,204. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

1 1 Pa

Global Energy Monitor

82-2723327

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>.</b>  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ş	
(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
		\$	
RΛΛ	TEFA0703L 10/06/21	Schodulo	B (Form 990) (2021

Name of organization Employer identification number Global Energy Monitor 82-2723327 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)........... 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 N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Global Energy Monitor

				82-272	23327	
Par	t   Organizations Maintaining Donor	Advised Funds or Other	Similar Funds	or Accounts.		
•	Complete if the organization answ	ered 'Yes' on Form 990, F	Part IV, line 6.			
		(a) Donor advised fun	ds	(b) Funds and	other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	or advisors in writing that the ass	sets held in dono	r advised funds	Yes	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, or	that grant funds of for any other pu	can be used only rpose conferring	_ □Yes	— □ No
					163	
Par		varad Wast on Form 000 F	Part IV/ line 7			
1	Complete if the organization answ Purpose(s) of conservation easements held by					
'	Preservation of land for public use (for example			of a historically imp	ortant land	Larna
	Protection of natural habitat	e, recreation or education)		of a certified histori		i aita
	Preservation of open space		Freservation	or a certified filstori	C Structure	
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contrib	ution in the form of	f a conservation ease	ment on the	۵
_	last day of the tax year.	era a quannea conscivation contrib		a conscivation case	inchi on th	•
				Held at the	End of the	Tax Year
	Total number of conservation easements			2 a		
t	Total acreage restricted by conservation easem	nents		2 b		
C	: Number of conservation easements on a certifi	ed historic structure included in	(a)	2 c		
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	not on a historic	2 d		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or t	erminated by the o	organization during th	ne	
4	Number of states where property subject to conser	vation easement is located >				
5	Does the organization have a written policy reg and enforcement of the conservation easement				Yes	No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, ar	nd enforcing conse	rvation easements du	uring the yea	ar
7	Amount of expenses incurred in monitoring, inspec ▶\$	eting, handling of violations, and er	forcing conservation	on easements during	the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of sectio	n 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	orts conservation easements in its the organization's financial state	ts revenue and externents that description	opense statement a cribes the organizat	nd balance ion's accou	sheet, and inting for
Par	conservation easements. t   Organizations Maintaining Collection	tions of Art Historical Tre	PASIITES OF OH	her Similar Acc	ets	
rai	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line 8.	inci Ollillai A33		
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research in fu	ment and balance surtherance of public	sheet works service, p	s of art, rovide in
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or re-	search in furtheran	ce of public service,	t works of provide the	art,
	(i) Revenue included on Form 990, Part VIII, I					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, hi amounts required to be reported under FASB A	SC 958 relating to these items:			lowing	
a	Revenue included on Form 990, Part VIII, line	1				

Part III Organizations Mainta	ining Colle	ections	of Art, Histo	rical Treasure	es, or O	ther Sim	ilar Asse	ets (con	tinue	?d)
3 Using the organization's acquisition items (check all that apply):	ı, accession, a	nd other i	_			significant	use of its o	ollection		
a Public exhibition			d Loan o	or exchange prog	ıram					
<b>b</b> Scholarly research			e Other							
c Preservation for future gener										
4 Provide a description of the organize Part XIII.				· ·						
5 During the year, did the organiza to be sold to raise funds rather the	han to be ma	intained	as part of the o	ganization's coll	ection?			Yes	Dort	No
Part IV Escrow and Custodia line 9, or reported an	amount on	Form S	990, Part X,	ine 21.	on answ	ereu re	S OII FOI	111 990,	Part	IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n or othe	er intermediary	for contributions	or other a	assets not	included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement							L		<u> </u>	J
							A	Amount		
c Beginning balance						1 c				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 e				
<b>f</b> Ending balance						1 f				
2a Did the organization include an a	amount on Fo	rm 990, I	Part X, line 21,	for escrow or cus	stodial acc	count liabil	lity?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explan	ation has been p	orovided o	n Part XIII				]
Part V Endowment Funds. C	complete if	the ora	anization an	swered 'Yes'	on Form	1990 Pa	art IV lin	e 10		
Lindowillett Linds: C	(a) Current		(b) Prior year				years back	(e) Four	vears	hack
<b>1 a</b> Beginning of year balance	(4) (4)	,	(11)	(0)		(,	<i>y</i>	(0)	<i>y</i>	
<b>b</b> Contributions										
c Net investment earnings, gains,										
and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance										
2 Provide the estimated percentag		nt year e	end balance (lin	e 1g, column (a)	) held as:					
a Board designated or quasi-endown			<u> </u>							
<b>b</b> Permanent endowment ▶	%									
c Term endowment	<del></del> %									
The percentages on lines 2a, 2b, a										
<b>3 a</b> Are there endowment funds not in too organization by:	the possession	of the or	ganization that a	re held and admir	nistered for	the		Y	es	No
(i) Unrelated organizations								3a(i)	-	
(ii) Related organizations								3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the rela								3b		
4 Describe in Part XIII the intended	· ·		•						<u> </u>	
Part VI Land, Buildings, and		_								
Complete if the organ			Yes' on Forn	n 990, Part IV	/, line 11	la. See l	Form 990	), Part X	ر, lin	e 10.
Description of property			or other basis restment)	(b) Cost or other basis (other	her ')	(c) Accum deprecia	ulated ation	<b>(d)</b> Boo	ok val	ue
<b>1 a</b> Land										
<b>b</b> Buildings										
<b>c</b> Leasehold improvements										
<b>d</b> Equipment										
e Other										
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Forr	n 990, Part X, c	olumn (B), line	10c.)					0.
BAA	<u> </u>						Schedu	le D (Forn	1 990)	2021

Schedule D (Form 990) 2021

(a) Description of isosuity or catapay (including rane of security) (b) Sook value (c) Method of valuations Cost or end-of-year market value (d) Financial circumstrestwes (d) Closely held equity interests (d) Other (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VII	Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11b. See Form	990, Part X, line 12
(2) Closely held equally interests. (3) Other (4) (5) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(3) Other (4) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) Financ	cial derivatives			
(6) (7) (8) (8) (9) (9) (10) Total. (Column (b) most equal form 930, Part X, column (8) line 13). Part (10) (9) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) (e) Book value (e) Method of valuation: Cost or end-of-year market value (d) (e) Book value (e) Method of valuation: Cost or end-of-year market value (d) (e) Book value (e) Method of valuation: Cost or end-of-year market value (d) (e) Book value (e) Method of valuation: Cost or end-of-year market value (f) (e) Book value (f)					
(G) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(G) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)				
(b) Go.  (c) Go.  (c) Go.  (d) Go.  (e) Go.  (f) Go.  (f) Go.  (g) Total. (Column (b) must equal Form 992, Part X, column (g) New 12,)    (g) Description of investment   (g) Description of investment   (g) Description of investment   (g) Description of investment   (g) Book value   (g) Method of valuations: Cost or and-of-year murket value   (g) Go.  (g) Method of valuations: Cost or and-of-year murket value   (g) Go.  (g) Method of valuations: Cost or and-of-year murket value   (g) Go.  (g) Method of valuations: Cost or and-of-year murket value   (g) Go.  (g) Go.	(B)				
(E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(C)				
(G)	(F)				
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
Total. (Column (b) must equal Form 990, Part X, column (6) line 12).  (a) Description of investment Program Related.  (b) Book value (c) Method of valuation: Cost or end-of-year market value (l)  (c) Method of valuation: Cost or end-of-year market value (l)  (d) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l)  (d) Description of investment (lo) Book value (lo) Method of valuation: Cost or end-of-year market value (l)  (d) Description (l) Method of valuation: Cost or end-of-year market value (l)  (d) Description (l) Method of valuation: Cost or end-of-year market value (l)  (d) Description (l) Method of valuation: Cost or end-of-year market value (l)  (d) Description (l) Method of valuation: Cost or end-of-year market value (l)  (d) Description (l) Method of valuation: Cost or end-of-year market value (l)  (e) Description (l) Method of valuation: Cost or end-of-year market value (l)  (f) Description (l) Method of valuation: Cost or end-of-year market value (l)  (g) Description (l) Method of valuation: Cost or end-of-year market value (l)  (g) Description (l) Method of valuation: Cost or end-of-year market value (l)  (g) Description (l) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation: Cost or end-of-year market value (l)  (g) Method of valuation					
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).    Total (Column (b) must equal Form 990, Part X, column (B) line 15).	<u>-</u>				
Part VIII   Investments - Program Related.	(l)				
Complete if the organization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 15 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year value (c) Method of valuation: Cost or end-of-year valuation (c) Method of valuation: Cost or end-of-year va					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VIII	Investments – Program Related.	Lives on Form 00	N/A	000 Dort V line 13
(i) (j) (s) (s) (s) (g) (h) (s) (h) (s) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		(a) Description of investment			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ►  (a) Description (b) Book value (c) (c) (d) (d) (e) (f) (f) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(1)	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of en	d-or-year market value
(3) (4) (5) (6) (7) (8) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ►  Part X Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (11) (10) (11) (2) (11) (2) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (11) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (21) (22) (23) (34) (44) (55) (56) (69) (77) (80) (99) (19) (19) (10) (10) (10) (10) (11) (22) (23) (24) (25) (26) (27) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ►  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). ►  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part N, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (b) Book value (c) (c) (d) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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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	(8) (9)				
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	(8) (9) (10)				
	(8) (9) (10) (11) Total. (Colum				

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,161,395.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	5,161,395.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5,161,395.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	-
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,036,051.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	3,036,051.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.) 4b	4.0	
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	3,036,051.

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

## Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

The Internal Revenue Service and the California Franchise Tax Board have determined that the Organization is exempt from federal and state income taxes under IRC 501(c)(3) and California RTC 23701(d). The Organization has evaluated its current tax positions as of December 31, 2021 and is not aware of any significant uncertain tax positions for which a reserve would be necessary. The Organization's tax returns are generally subject to examination by federal and state taxing authorities for three and four years, respectively, after they are filed.

BAA Schedule D (Form 990) 2021

### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. 2021

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Global Energy Monitor

Bart I General Information on Activities Outside the United States Complete if the organization answered 'Ves

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Research,   Research,   editing, writing   49,774		<del>, , ,</del>			<del>,                                      </del>	
(1) Pacific   3 Program   editing, writing   82,499   Research,   editing, writing   49,774     (2) Europe   5 Program   editing, writing   49,774     Middle East & North   3 Program   editing, writing   15,246     Russia & Neighboring   1 Research,   editing, writing   113,120     Research,   editing, writing   113,120     Research,   editing, writing   1,000     Mexico & Canada (No.   1 Program   editing, writing   42,010     (7)   (8)   (9)   (10)     (10)   (11)   (12)     (13)   (14)   (15)     3a Subtotal   14   303,649     b Total from continuation   Sheets to Part	(a) Region	offices in the	employees, agents, and independent contractors	the region (by type) (such as, fundraising, program services, investments, grants to recipients	(d) is a program service, describe specific type of service(s) in	expenditures for and investments
(2) Europe         5 Program         Research, editing, writing editing, writing         49,774           Middle East & North         3 Program         Research, editing, writing         15,246           Russia & Neighboring         1 Program         Research, editing, writing         113,120           (4) States         1 Program         editing, writing         1,000           Mexico & Canada (No.         1 Program         editing, writing         42,010           (7)         (6) America)         1 Program         editing, writing         42,010           (7)         (8)         (9)         (10)         (11)         (12)         (13)         (14)         (15)         (16)         (17)         (16)         (17)         (16)         (17)         (18)         (19)         (19)         (19)         (10)         (11)         (12)         (13)         (14)         (15)         (16)         (17)         (18)         (19)	East Asia & the				Research,	
22 Europe   5 Program   editing, writing   49,774   Middle East & North   3 Arrica   Research,   editing, writing   15,246   Russia & Neighboring   Program   editing, writing   113,120   Research,   editing, writing   113,120   Research,   editing, writing   1,000   Research,   editing, writing   1,000   Research,   editing, writing   1,000   Research,   editing, writing   42,010   Program   editing, writing   Program   Program   Program   Program   editing, writing   Program   Progr	(1) Pacific		3	Program	editing, writing	82,499.
Middle East & North (3) Africa 3 Program editing, writing 15,246 Russia & Neighboring (4) States 1 Program editing, writing 113,120 Research, editing, writing 113,120 Research, editing, writing 1,000 Research, editing, writing 1,000 Research, editing, writing 42,010 (7) Research, editing, writing 42,010 (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19					Research,	
3 Africa   3 Program   editing, writing   15,246     Russia & Neighboring   1 Program   editing, writing   113,120     Research,   editing, writing   113,120     Research,   editing, writing   1,000     Mexico & Canada (No.   1 Program   editing, writing   1,000     Research,   editing, writing   42,010     (6) America   1 Program   editing, writing   42,010     (7)	(2) Europe		5	Program	editing, writing	49,774.
Russia & Neighboring   1   Program   Research, editing, writing   113,120	Middle East & North				Research,	
Russia & Neighboring (4) States 1 Program editing, writing 113,120 Research, editing, writing 1,000 Research, editing, writing 1,000 Mexico & Canada (No. Research, editing, writing 42,010  (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3 a Subtotal 14 303,649 b Total from continuation sheets to Part L	(3) Africa		3	Program	editing, writing	15,246.
(5) South Asia	Russia & Neighboring				Research,	
Column   C	(4) States		1	Program	editing, writing	113,120.
Mexico & Canada (No. (6) America)  1 Program Research, editing, writing 42,010  (7)  (8)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  10  11  11  12  13  14  14  303,649  b Total from continuation sheets to Part I						
Mexico & Canada (No. (6) America)  1 Program Research, editing, writing 42,010  (7)  (8)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  10  11  11  12  13  14  14  303,649  b Total from continuation sheets to Part I	<b>(5)</b> South Asia		1	Program	· ·	1,000.
(6) America)  (7)  (8)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  3a Subtotal						•
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(14) (15) (16) (17) 3 a Subtotal	(12)					
(15) (16) (17) 3 a Subtotal	(13)					
(15) (16) (17) 3a Subtotal	(1.1)					
(17)  3 a Subtotal	(14)					
(17)  3a Subtotal	(15)					
(17)       3a Subtotal.       14       303,649         b Total from continuation sheets to Part I.       14       303,649	(13)					
3a Subtotal	(16)					
3a Subtotal	(17)					
<b>b</b> Total from continuation sheets to Part I	<u>`                                    </u>		1.4			202 640
sheets to Part I			14			303,649.
<b>c Totals</b> (add lines 3a and 3b) 0 14 303,649	<b>b</b> Total from continuation sheets to Part I					
RAA For Paperwork Reduction Act Notice see the Instructions for Form 990  Schedule F (Form 990) 202	•					303,649.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
									_

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

BAA

Schedule F (Form 990) 2021

82-2723327

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2021

Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	···· Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certa Foreign Corporations (see Instructions for Form 5471).	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualific electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
BAA	TEEA3505L 10/28/21	Schedule F (For	rm 990) 2021

# Part V Supplemental Information

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

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

# SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Global Energy Monitor

Employer identification number

82-2723327

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

# 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-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	of <b>(F)</b> Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Theodore Nace	(i)	131,520.	0.	0.	3,417.	19,524.	154,461.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
3	(ii)				T		T		
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)		- – – – – – –						
	(ii)								
	(i)				<b> </b>				
	(ii)								
	(i)				L		<b> </b>		
	(ii)								
	(i)				<b> </b>		<b></b>		
	(ii)							_	
10	(i)				<b> </b>		<b></b>		
	(ii)								
	(i)								
	(ii) (i)								
	(i) (ii)				<del> </del>		<del> </del>		
	(i)								
	(i) (ii)				<del> </del>		<del> </del>		
	(i)								
	(ii)				<del> </del>		<del> </del>		
	(i)								
	(ii)				<del> </del>		<del> </del>		
	(i)								
	(ii)				<del> </del>		<del> </del>		
DAA	··/		TEE \( \dagger{102} \)	7/01	l		Calaadula	/Form 000\ 2021	

BAA

TEEA4102L 10/27/21

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.

TEEA4103L 10/27/21

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 82-2723327 Global Energy Monitor

#### Form 990. Part III. Line 2 - New Services

GEM initiated two new program services category: Renewables and Open Data.

### Form 990, Part III, Line 4a - Program Service Accomplishments

Oil and Gas: Global Energy Monitor's oil and gas program includes a global oil and gas extraction database, a global fossil fuels infrastructure database, a global gas plant database, a gas infrastructure database, a project on US natural gas leakage, and weekly newsletter. GEM's Global Oil and Gas Extraction Tracker (GOGET) shows the location and details about more than 29,000 oil and gas reserves around the world. GEM's Global Fossil Infrastructure Tracker (GFIT) maps more than 1.4 million kilometers of oil and gas pipelines. GEM's Global Gas Plant Tracker (GGPT) includes data on more than 9,000 gas units in 129 countries. GEM's Global Gas Infrastructure Tracker (GGIT) features data on more than 1,000 liquid natural gas terminals, accounting for more than 4 billion tonnes of annual LNG capacity. The trackers provide interactive maps and tables on GEM's public website. The maps and tables allow users to see the location and satellite imagery of individual facilities and to click on links providing footnoted wiki pages on each facility. Tracker data is also provided in spreadsheet format to researchers at nonprofit groups, universities, international agencies, and media organizations. Trackers are updated twice per year and findings are publicized in regular reports. GEM's Gas Index is a project that evaluates the problem of fossil gas leakage in the United States. GEM also publishes Inside Gas, a free weekly news digest on natural gas.

## Form 990, Part III, Line 4b - Program Service Accomplishments

Coal: Global Energy Monitor's coal program includes a global coal plant database, a global coal mine database, a global coal public finance database, and a weekly newsletter. GEM's Global Coal Plant Tracker (GCPT) is a database containing

Page 2

### Form 990, Part III, Line 4b - Program Service Accomplishments

units worldwide. GEM's Global Coal Mine Tracker (GCMT) provide coverage of more than 3,000 major global coal mines which cumulatively account for 7.1 billion tonnes of coal production each year. GEM's Global Coal Public Finance Tracker (GCPFT) shows major government financing for global coal projects in over 40 countries, covering all projects since 2013 which have received or are likely to receive public support, including proposed projects. The trackers provide interactive maps and tables on GEM's public website. The maps and tables allow users to see the location and satellite imagery of individual facilities and to click on links providing footnoted wiki pages on each facility. Tracker data is also provided in spreadsheet format to researchers at nonprofit groups, universities, international agencies, and media organizations. Trackers are updated twice per year and findings are publicized in regular reports. GEM also publishes CoalWire, a free weekly news digest on coal.

### Form 990, Part III, Line 4d - Other Program Services Description

Steel: Global Energy Monitor's steel program includes the Global Steel Plant Tracker (GSPT), a database of 622 steel plants located in 68 countries around the world. The tracker provides interactive maps and tables on GEM's public website. The maps and tables allow users to see the location and satellite imagery of individual facilities and to click on links providing footnoted wiki pages on each facility. Tracker data is also provided in spreadsheet format to researchers at nonprofit groups, universities, international agencies, and media organizations. The tracker is updated twice per year and findings are publicized in regular reports.

Open Data: Global Energy Monitor's open data program includes all efforts to bring information about energy to a broad public audience, free of charge. The program includes Global Energy Monitor Wiki, a website containing more than 28,000 freely available pages cataloging a large proportion of the global energy system, including

Name of the organization	Employer identification number
Global Energy Monitor	82-2723327

## Form 990, Part III, Line 4d - Other Program Services Description

resource reserves, extraction operations, transportation systems, power plants, ownership, financing, and more.

### Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of the Form 990 is provided to the Board for review. Any needed changes are made prior to its filing.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

If a possible conflict arises the interested party will not be present while the Board discusses resolution.

## Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

In setting the salary for the executive director, the directors reviewed a survey of salaries for executive directors at non-profits of similar size in the Bay Area and elsewhere.

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

In setting the salaries for key employees, the Executive Director reviewed a survey of salaries for comparable positions at non-profits of similar size in the Bay Area and elsewhere.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

#### Form 990, Part IX, Line 11g Other Fees For Services

	<u>-</u>	(A) Total	(B) Program <u>Services</u>	(C) Management <u>&amp; General</u>	(D) Fund- raising
Other fees for service Program consultants		95,428. 579,164.	95,196. 579,164.	192.	40.
	Total S	674,592.	\$ 674,360.	\$ 192.	\$ 40.

# 2021 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2021 or fisca	l year beginning (mm/dd/y	ууу)	, and ending	(mm/dd/yyyy)			
Corporation/Or	ganization name		<del></del>			Ca	alifornia corporation nu	mber
GLOBAL	ENERGY MO	NITOR				4	064369	
Additional infor	rmation. See instruct	ions.					EIN	
Street address	(suite or room)						32-2723327 MB no.	
	TAH STREET	1					VID 110.	
City					State		p code	
SAN FRA	ANCISCO				CA Foreign province/state/county		04110 preign postal code	
r oreigir country	y Harrie				Toreign province/state/county		reigii postai code	
B Amended C IRC Section D Final info  Enter date C Check acc 1 □ C F Federal re 4 □ Oth G Is this a co	return	crual 3 Other 990T 2 • 990-PF structions	Yes X Yes X  Yes X  Merged/Reorgan  3 • Sch H (9  Yes X	not reported to No	ation have any changes to its of the FTB? See instructions	e on 23701; \$ ?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	X No X No X No X No X No X No
				Date filed with	IRS			
Part I	Complete Part	I unless not required to	file this form. See	General Informatio	n B and C.			
	1 Gross sa	les or receipts from othe	er sources. From S	ide 2, Part II, line 8.		1	97	,430.
		es and assessments fro				2		
Receipts and	3 Gross co	ntributions, gifts, grants,	, and similar amou	nts received	SEESCHB.	3	5,063	<u>,965.</u>
Revenues		4 Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Information B ●						
			4	5,161,	,395.			
		oods sold	_					
		ther basis, and sales ex				7		
		ts. Add line 5 and line 6 ss income. Subtract line					5,161,	205
		enses and disbursemen				8	3,036	
Expenses		f receipts over expenses				10	2,125	
	11 Total pay					11	2,120,	, <u> </u>
		See General Information			•	12		
		s balance. If line 11 is m				13		
Filing	14 Use tax b	palance. If line 12 is mor	re than line 11, sub	otract line 11 from lin	ne 12 •	14		
Fee	15 Penalties	and interest. See Gene	eral Information J			15		
	16 Balance du	e. Add line 12 and line 15. The	en subtract line 11 from	the result		16		0.
							knowledge and helief i	
Sign Here	Signature of officer	perjury, I declare that I have exa ete. Declaration of preparer (othe	er than taxpayer) is based Title	d on all information of which	n preparer has any knowledge.  Date	•	Telephone	
	_	. W 1. 01 . A	דתו ו	ECTOR FIN. & Date	Check if	<del>,  </del>	510-331-874	<u>.                                    </u>
Paid	Preparer's ► signature	Telixborindo		05/23/	/2022 self- employed ►	P	01658413	
Preparer's	Firm's name	CROSBY & KANE	DA CPAS LLP			•	Firm's FEIN	
Use Only	(or yours, if self-employed)	1970 BROADWAY	STE 930			N	I/A	
	and address	OAKLAND, CA 9	94612			•	Telephone	
							(510) 835-2	
	May the FTB	discuss this return with	the preparer shown	n above? See instruc	ctions	• • •	X Yes	No

GLOBAL	ENERGY	MONITOR
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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		regar	rdless of amount of gross receipts	<ul> <li>complete Pa</li> </ul>	art II or turnis	h subs	titute information				
		1	Gross sales or receipts from all	business act	tivities. See i	instruc	tions		• 1		
		2	Interest						• 2		
		3	Dividends						_		
Rece	ipts	4	Gross rents						· —		
from Othe		-									
Sour		-	5 Gross royalties								
		6	Other income. Attach schedule.								07.420
		7								-	97,430.
		8	Contributions, gifts, grants, and similar amounts paid. Attach schedule							-	97,430.
		9									
		10 Disbursements to or for members									
	11 Compensation of officers, directors, and trustees. Attach schedule										252,696.
Evna		12									1,672,783.
Expe and	nses	13									961.
Disb	urse-	14	Taxes						• 14		150,712.
ment	S	15	Rents						• 15		
		16	Depreciation and depletion (Sec								
		17	Other expenses and disbursem	ents. Attach	schedule		SEE ST	ATEMENT 2	• 17		958,899.
		18	Total expenses and disbursements. Add								3,036,051.
Sch	edule	L	Balance Sheet		eginning of				nd of tax	kabl	
Asse				(a			(b)	(c)			(d)
1					,		588,090.	(-)		•	755,806.
2			receivable				389,706.			•	2,291,574.
3			eivable						•	•	
4										•	
5			tate government obligations						(	•	
6			n other bonds							•	
7			n stock						•	•	
8			18							•	
9			nents. Attach schedule							•	
•			ssets.		7,690.						
			ated depreciation		7,000.		7,690.				
							7,050.			•	
			Attach schedule. STM				2,493.			<u>-</u>	1,327.
							987,979.		•		3,048,707.
							987,979.				3,048,707.
			et worth				175 744			•	101 605
			able				175,744.			_	121,605.
			, gifts, or grants payable								
16			tes payable							•	
17			yable						•		
18			es. Attach schedule								
	•		or principal fund				812,235.				2,927,102.
20			oital surplus. Attach reconciliation							)	
21			lings or income fund						•	•	
22			ies and net worth				987 <b>,</b> 979.				3,048,707.
Sch	edule	M-1	Reconciliation of income per Do not complete this schedu	er books with le if the amo	<b>income per</b> unt on Sched	<b>returr</b> dule L,	ı line 13, column	(d), is less than	\$50,00	0.	
1	Net inc	ome pe	er books	• 2,	125,344.	7	Income recorded on	books this year not in	ncluded		
			ne tax	•				h schedule	-	)	
				•		8	Deductions in this r	eturn not charged			
			ecorded on books this year.				against book incom	e this year.			
	Attach :	schedu	ıle	•							
5	Expense	es reco	orded on books this year not deducted			9		d line 8	[		
			. Attach schedule	•		10	Net income per				
6	Total. A	dd lin	e 1 through line 5	2,	125,344.		Subtract line 9	from line 6			2,125,344.

Side 2 Form 199 2021 059 3652214 CACA1112L 01/04/22

2021	California Statements	Page 1
Client GLOBALEN	Global Energy Monitor	82-2723327
5/23/22  Statement 1 Form 199, Part II, Line 7 Other Income		01:35PM
Other	* Total *	12,275. 1,992. 83,163. 97,430.
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Promotic Dues, license & service Information Technology Insurance Office Expenses Other Employee Benefit Other fees Pension Plan Contribution	on. fees.  ons.  Total §	974. 21,487. 70,285. 1,993. 4,024. 124,171. 674,592. 17,531. 1,015.
Statement 3 Form 199, Schedule L, Line 12 Other Assets  Prepaid Expenses and De	<b>2</b> ferred ChargesTotal \$	1,327. 1,327.

2021

5/23/22

# **California Supplemental Information**

Page 1

01:35PM

Client GLOBALEN Global Energy Monitor 82-2723327

California Deductions (Form 199) Compensation of officers, directors and trustees

See Form 990 and related schedules

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			Check if:	,				
GLOBAL ENERGY MONITOR			Change of address					
Name of Organization			Amended					
List all DBAs and names the organization uses or	has used							
1254 UTAH STREET Address (Number and Street)			State Charity	Registration Number CT0257615				
SAN FRANCISCO, CA 94110				4054050				
City or Town, State, and ZIP Code			Corporation o	r Organization No. 4064369				
510-331-8743 Telephone Number	E-mail Ad	QGLOBALENERGYMONITOR Idress	Federal Employer ID No. 82-2723327					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice								
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		ee		
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 mill Between \$5,000,001 and \$20 m	lion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	ion \$1			
PART A – ACTIVITIES								
For your most recent full accou	nting peri	iod (beginning 1/01/21	ending	12/31/21 ) list:				
Total Revenue \$	1.61 2.0	L. Noncock Contributions &		0. Total Assets \$ 3,04	0 7(	77		
(including noncash contributions) 5,	161,39	5. Noncash Contributions \$			3,/L	)/.		
Program Expens	es \$	2,721,915.	Total Expense	s \$ 3,036,051.				
PART B – STATEMENTS REC	ARDIN	G ORGANIZATION DURIN	G THE PERI	OD OF THIS REPORT				
Note: All questions must be answer providing an explanation and				u must attach a separate page tructions for information required.	Yes	No		
During this reporting period, were to officer, director or trustee thereof, either	here any o	contracts, loans, leases or other financia or with an entity in which any suc	l transactions betv h officer, director d	veen the organization and any or trustee had any financial interest?		X		
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						X		
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						X		
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						X		
5 During this reporting period, did the	e organiza	ation receive any governmental fu	unding?	SEE STATEMENT 1	Χ			
6 During this reporting period, did the organization hold a raffle for charitable purposes?						X		
7 Does the organization conduct a ve	hicle dona	ation program?				Χ		
Did the organization conduct an inc generally accepted accounting prin	dependent ciples for	t audit and prepare audited finan this reporting period?	cial statements	in accordance with	Χ			
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						X		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
	TOSI	HUA KRUSKAL	DIRECTOR	FIN. & OPS				
Signature of Authorized Agent	Printed		Title	Date				

2021

# **California Statements**

Page 1

**Client GLOBALEN** 

**Global Energy Monitor** 

**82-2723327** 01:35PM

5/23/22

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

US Small Business Administration 409 3rd St, SW Washington, DC 20416 (800)659-2955