Form **8453-EO** 

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning  $\underbrace{\text{OCT 1}}_{\text{, 2020, and ending}}$   $\underbrace{\text{SEP 30}}_{\text{, 20}}$  . 20  $\underbrace{\text{21}}_{\text{, 20}}$ 

30 20 21 2020

Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

➤ Go to www.irs.gov/Form8453EO for the latest information.

Taypayer identification number

OMB No. 1545-0047

Name of exem	pt organization or perso		Taxpayer identification number							
				DATION, INC	·	52-1	263996			
Part I Type of Return and Return Information (Whole Dollars Only)										
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.										
2a Form 990- 3a Form 112 4a Form 990- 5a Form 886 6a Form 990- 7a Form 472	check here  -EZ check here  0-POL check here  -B check here  -T check here  0 check here  Declaration of Off	b Tota b Tota b Tax b Bala b Tota b Tota	I revenue, if any I tax (Form 1120 based on invest nce due (Form 8 Il tax (Form 990- Il tax (Form 4720	(Form 990, Part VIII, 6 (Form 990-EZ, line 9) 0-POL, line 22) tment income (Form 9 3868, line 3c) T, Part III, line 4)	990-PF, Part VI, line	2b 3b 5) 4b 5b 6b	18,706,342.			
8 I aut (dire retur at 1-the relat	(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  If a copy of this return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF									
Under penaltie respect to (nar and that I have knowledge and of the electron to the IRS and	es of perjury, I declare the of organization)  e examined a copy of the declare, they are true, concern to a to return. I consent to a to receive from the IRS ssing the return or refur	nat X I an ne 2020 electro correct, and cor illow my interm 6 (a) an acknow	n an officer of the nic return and ac nplete. I further of ediate service professions of rec	e above named organi ecompanying schedule declare that the amour rovider, transmitter, or ceipt or reason for reje	es and statements, a nt in Part I above is t electronic return ori	, (EIN) and, to the best the amount sho ginator (ERO) to	tof my own on the copy o send the return			
	0, 1	N.		1 21 = 1 -						
Sign	Robertle	ess-		12/15/22	PREST	IDENT				
	Signature of officer or p			Date						
I declare that I If I am only a c The organizati information to e-File (MeF) Int declare that I is	have reviewed the about ollector, I am not responsion officer or person subset filed with the IRS to formation for Authorized nave examined the about orrect, and complete.	ove return and to onsible for revie oject to tax will the officer or p d IRS e-file Prov ve return and a	hat the entries or wing the return a have signed this person subject to viders for Busine ccompanying so	n Form 8453-EO are c and only declare that t form before I submit tax, and have followe ss Returns. If I am also hedules and statemer s based on all informa	omplete and correct his form accurately the return. I will give a all other requirement the Paid Preparer, its, and, to the best tion of which I have	to the best of reflects the data a copy of all fo ents in Pub. 41 under penaltie of my knowled any knowledga	a on the return. orms and 63, Modernized s of perjury I ge and belief, c.			
ERO's ERO's	ture /			Date	Check if also paid if se empreparer X	elf- ployed F	0's SSN or PTIN			
			A GROUP,	PLLC		EIN 47	7-0900880			
Only yours	ss, and ZIP code 75(		NSIN AVE		1200 WEST	Phone no	221 0000			
Under penaltie		hat I have exam	MD 20814	return and accompany	ying schedules and s	statements, and	d, to the best of my know-			
- and bell	Print/Type preparer's nar		Preparer's sign			Check if self-	PTIN			
Paid	13po proparor o nar		1 sparsi o oigi			employed				
Preparer Use Only	Firm's name					Firm's EIN				
-	Firm's address ▶					Phone no.				

023061 11-06-20 LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2020)

### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2020 calendar year, or tax year beginning OCT 1, 2020 and	ending S	EP 30, 2021	<u> </u>				
Во	heck if	C Name of organization		D Employer identif	ication number				
	Addre	PUBLIC CITIZEN FOUNDATION, INC.		F0 10000	206				
	Name	Doing business as		52-1263996					
F	Initial return Final return	1600 20TH STREET NW	Room/suite	E Telephone number (202)588-1000					
	termir			G Gross receipts \$	26,957,131.				
	Amen			H(a) Is this a group					
F	_return ☐Applic			for subordinate					
_	_tion pendi	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No						
T T	av-av	empt status: X 501(c)(3)	or 527	1	a list. See instructions				
		te: > WWW.CITIZEN.ORG	0	H(c) Group exemption					
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile; DC				
	rt I	Summary	IL Ital	or formation, 1502	IVI State of legal doffliche, 20				
1000	1	Briefly describe the organization's mission or most significant activities: WORK	FOR C	ONSUMER RIG	HTS.				
Activities & Governance	' .	bhelly describe the diganization's mission of most significant activities.	1 011 0						
'nai	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			10				
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10				
මේ ග		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		WERE CONTROL OF THE C	131				
iţi		Total number of volunteers (estimate if necessary)			0				
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11							
_				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		13,157,134.					
ĕ		Program service revenue (Part VIII, line 2g)		1,649,244.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,083,572.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,882.	1,873,614.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,939,832.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		501,376.					
			0.						
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,588,594.	8,022,339.				
Ses		Professional fundraising fees (Part IX, column (A), line 11e)		220,640.	293,950.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)  1,064,2	76.	220,010.	2,50,7500				
쫎				4,557,894.	4,582,458.				
-314		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,868,504.					
		Revenue less expenses. Subtract line 18 from line 12		3,071,328.					
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	NE 70 TAG				
Net Assets or	00	Total accepts (Dock V. Kara d.C.)	De	35,046,554.					
SSE	20	Total assets (Part X, line 16)		5,070,034.					
et A	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		29,976,520					
	rt II	Signature Block		27,710,320	30,303,414.				
200	and manufacture in the	Ities of perjury, I declare that I have examined this return, including accompanying schedules	a and atatom	ante and to the heet of m	w knowledge and belief it is				
					ly knowledge and belief, it is				
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.					
		Signature of officer		Date					
Sign		And the second s							
Her	е	ROBERT WEISSMAN, PRESIDENT Type or print name and title							
-			Ti	Date Check	PTIN				
De!		Print/Type preparer's name  STEVEN C. DARR, CPA, CMA		2/46/22	D01304004				
Paid				Firm's EIN	1				
Prep		Firm's name CALIBRE CPA GROUP, PLLC	)		- 1 030000				
Use	uniy	Firm's address 7501 WISCONSIN AVENUE, SUITE 120 BETHESDA, MD 20814	OU WED.	Dhana na 24	02-331-9880				
				I Phone no. 2 (	Property Control of the Control of t				
May	the I	RS discuss this return with the preparer shown above? See instructions	*******		X Yes No				

Form	990 (2020) PUBLIC CITIZEN FOUNDATION, INC.	52-1263996 Page	e 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WORK FOR CONSUMER RIGHTS.		
			_
			_
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.	Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,165,746. including grants of \$ 292,650. ) (Rever	nuo \$	_
4a	(Code:) (Expenses \$		-/
	THE INFLUENCE OF SPECIAL INTEREST DOLLARS THAT CORRUPT T		=
	PROCESS AND ON CORPORATE WELFARE EXPENDITURES THAT LARD		
	BUDGET; ON A WIDE RANGE OF CONSUMER PROTECTION MEASURES,		
	HEALTH AND SAFETY STANDARDS, ACCESS TO THE COURTS, AND F	INANCIAL	
	SERVICES REGULATION.		
			_
			_
			_
			_
			_
4b	(Code:) (Expenses \$2,032,667. including grants of \$) (Rever		_ )
	PUBLIC INFORMATION AND EDUCATION - THE FOUNDATION IS ACT		_
	PUBLIC FORUM - CONGRESS, THE COURTS, GOVERNMENT AGENCIES MEDIA. THE FOUNDATION BELIEVES THAT FULL DISCLOSURE OF G	OVEDNMENT	_
	MEDIA. THE FOUNDATION BELIEVES THAT FULL DISCLOSURE OF GINFORMATION EMPOWERS CITIZENS AND CONSUMERS. ALL OF THE	FOIDDATION'S	_
	COMMUNICATION AND OUTREACH EFFORTS AIM TO MAKE INFORMATI	ON ABOUT HEALTH	_
	CARE, TRANSPORTATION, CLIMATE CHANGE, INTERNATIONAL TRAD	E. NUCLEAR	_
	WASTE AND REACTOR SAFETY, RENEWABLE ENERGY, GOVERNMENT A		_
	ACCOUNTABILITY AND RELATED ISSUES ACCESSIBLE TO ORDINARY	CITIZENS. IF	_
	NECESSARY, THE FOUNDATION USES THE COURTS TO EN		_
_			
4c	(Code:) (Expenses \$1,768,991. including grants of \$) (Rever		<u>•</u> )
	LITIGATION GROUP - LITIGATION GROUP ATTORNEYS HAVE ARGUE		
	LAWSUITS ON BEHALF OF CITIZENS IN FEDERAL AND STATE COUR		_
	COUNTRY. THEIR EFFORTS TO REPRESENT PRINCIPLED, RATHER		_
	PROFITABLE, POSITIONS IN LEGAL DISPUTES HAVE PRESERVED T		
	AND BALANCES OF THE SEPARATION OF POWERS IN THE FEDERAL		_
	PREVENTED THE DESTRUCTION OF PRESIDENTIAL RECORDS, AND FREGULATORY AGENCIES TO ISSUE IMPORTANT HEALTH AND SAFETY	OKCED PORCED	_
	VERGOTIVE ARENCES IN 1990F INLOVIANT VEVILLE WIND SWEET	י מיזיייייייייייייייייייייייייייייייייי	
			_
4d	Other program services (Describe on Schedule O.) (Expenses \$ 5,905,648 • including grants of \$ 944,428 • ) (Revenue \$ 1,	084,188.)	_
	(Expenses \$ 5,905,648 including grants of \$ 944,428 in (Revenue \$ 1, 873,052 including grants of \$ 944,428 including grants of		
-46	Total program convice expenses p	Form <b>990</b> (20	020)

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		77	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			.,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u>X</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8	_	_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9	_	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments?  f "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			100
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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	l l		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l I		77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	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	ا ا		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	_
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	116	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		-
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	15	Х	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		х
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	
	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	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		_	(2020)
032003	3 12-23-20	rorm		ردندن)

ra	Officerist of frequired obficadies (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		. I	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
_	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ETO		_
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ľ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f	28a		х
	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		J.,	
	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36	x	
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in 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			
	Check if Schedule O contains a response or note to any line in this Part V	******	····	
	1 . 1	_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	9.	x	
-	(gambling) winnings to prize winners?	1c		(2020)
03200	4 12-23-20	LOUIT	,	رددد)

Form 990 (2020) PUBLIC CITIZEN FOUNDATION, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
ь	if "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 <u>a</u>	X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	11 1	
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
- b	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against		1 3	
U	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	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	0.00		-
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
	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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Forn	990	(2020)

Form 990 (2020)

PUBLIC CITIZEN FOUNDATION, INC.

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.

	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		****	X
Sec	tion A. Governing Body and Management		Vaa	N-
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
1a	Little the Humber of Young members of the governing soci		-	
	If there are material differences in voting rights among members of the governing body, or if the governing	2		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent  10			
b	Enter the number of voting members included on line 1a, above, who are independent			
2		2		х
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
70	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	THE CONTRACT OF THE CONTRACT O		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	The state of the s			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			X -
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		- 14	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		H.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	7777	163	3470
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CT, FL, GA, IL, KS	<u>, KY</u>	, MA	, MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı fınan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (202)588-1000			
_	1600 20TH STREET, NW, WASHINGTON, DC 20009	Гет	aan	(2020)
03200	SEE SCHEDULE O FOR FULL LIST OF STATES	LOLU	1 330	(2020)

## 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more		ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	unless person is both an er and a director/trustee)			an	compensation	compensation	amount of
	week	H	cer an	o a o	recto	rrus	LBB)	from	from related	other
	(list any	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	or d	ee ee			sated		(W-2/1099-MISC)	(88-27 1099-181130)	organization
	organizations	nstee	trus		99	ubeu		(44-2/1099-141130)		and related
	below	dualt	tiona		old II	st co.	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ŭ
(1) ROBERT WEISSMAN	30.00	<u> </u>	Ť		Ī					
PRESIDENT	10.00			X				153,208.	64,885.	39,739.
(2) SID WOLFE	40.00									
FOUNDER AND SENIOR FELLOW						Х		156,323.	0.	28,388.
(3) ALLISON ZIEVE	34.00									
GENERAL COUNSEL	6.00					X		132,213.	14,646.	36,273.
(4) MICHAEL CAROME	40.00									
DIRECTOR, HEALTH RESEARCH GROUP					_	Х		133,942.	0.	35,697.
(5) LISA GILBERT	18.00	1						04 540	CA 516	16 700
VICE PRESIDENT	22.00	_	_	X	<u> </u>	_	_	81,512.	64,516.	16,789.
(6) DAVID ARKUSH	32.00	-				,,		06 076	24,720.	35,113.
DIRECTOR, ENERGY GROUP	8.00	├-	⊢	_	<u> </u>	Х		96,976.	24,720.	33,113.
(7) LORI WALLACH	25.00 15.00	ł				x		84,763.	51,729.	16,358.
DIRECTOR, GLOBAL TRADE	20.00	-	$\vdash$	_	$\vdash$	1		04,703.	31,723.	10,330.
(8) JOSEPH STOSHAK	20.00	1		x				63,954.	63,954.	15,964.
CFO CFO	1.00	-	┢	^	$\vdash$	-	-	03,334.	03,334.	13,304.
(9) MARK CHAVEZ		x		x				0.	0.	0.
CHAIR	1.00	┝	$\vdash$	^	_	-	_	0,	0.	•
(10) JIM BILDNER DIRECTOR	1.00	x						0.	0.	0.
(11) ROBERT FELLMETH	1.00	₽	$\vdash$		$\vdash$	Н	$\vdash$	J.	U,*	•
DIRECTOR	1.00	x						0.	0.	0.
(12) STEVE SKROVAN	1.00	-	$\vdash$			$\vdash$	$\vdash$			
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(13) DAVID HALPERIN	1.00	$\vdash$	T			$\vdash$	Т			
SECRETARY/TREASURER	1.00	x		х				0.	0.	0.
(14) ANNIE LEONARD	1.00									
DIRECTOR	1.00	<u> x</u>						0.	0.	0.
(15) CYNTHIA RENFRO	1.00									
DIRECTOR	1.00	<u> </u>						0.	0.	0.
(16) MAYA BERRY	1.00									
DIRECTOR	1.00	X	$oxed{oxed}$					0.	0.	0.
(17) GERSON SMOGER	1.00									
DIRECTOR	1.00	X						0.	0.	0.
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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not cl	Pos heck i	C) ition more rson i		one n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	,	am	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			pensation the anization relate nization	e ion ed
(18) EMILY CHATTERJEE DIRECTOR	1.00	х						0.		0.			0.
DIRECTOR	1.00	-				Ħ	Г	,					
						-				$\dashv$			
			-			┝				$\dashv$			_
			$\vdash$		Н	$\vdash$	-			$\dashv$			
p										$\Box$			
						H	_			$\dashv$			
v													-1
1b Subtotal								902,891.	284,45	0.	224	1,3	21.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							•	902,891.			22	1,3	
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re						
compensation from the organization				_		_						Yes	27 No
3 Did the organization list any former officer,	director trusto	ee l	(ev e	mnl	love	e O	hia	ihest compensated emp	lovee on	ſ	IV.	162	NO
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization			v	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										S-2	5		Х
Section B. Independent Contractors													_
Complete this table for your five highest contained the organization. Report compensation for the organization for the organization.										ensat	tion fro	m	
the organization. Heport compensation for (A)	trie caleridar ye	ear e	arian	ig w	/ILIT	Ur wi	1	(B)	Gar.		(0		
Name and business							_	Description of s			compe	nsatio	n
INTEGRATED DIRECT MAIL LI CONNECTICUT AVE, SUITE 70			<u>С</u> Ф	ΟN	()	חכ	- 1	CONSULTING A ARTWORK	ND		20	2.4	22.
CROSS WORLD NETWORK	O, WINDI		01	011	,			CONSULTING -					
10 VAN WINKLE ROAD, HUDSON, NY 12534								NEWSLETTER			17	2,6	56.
DESIGN DATA SYSTEMS, 610 PROFESSIONAL							IT CONSULTAN	mg .		14	1.2	37.	
DRIVE, SUITE 102, GAITHERSBURG, MD 20879 IT CONSULTANTS										- 1			
Si-													
2 Total number of independent contractors (in	ncluding but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organic						3		•					

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a **b** Membership dues 16 412,723 c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 12,903,323 similar amounts not included above .... 1f 925,113 g Noncash contributions included in lines 1a-1f 1g \$ 13,316,046. h Total. Add lines 1a-1f **Business Code** 1,084,188. 900099 1,084,188, PUBLICATIONS & SUBSCRIPTIONS Program Service 900099 484,160. 484,160. COURT AWARDS f All other program service revenue 1,568,348. Total. Add lines 2a-2f Investment income (including dividends, interest, and 747,911. 747,911. other similar amounts) Income from investment of tax-exempt bond proceeds 49,789. 49,789. 5 Royalties (ii) Personal (i) Real 6a 6 a Gross rents 6b b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 9,423,712. assets other than inventory **b** Less: cost or other basis 8,223,289 and sales expenses Revenue 1,200,423. c Gain or (loss) 1,200,423. 1,200,423 d Net gain or (loss) Other | 8 a Gross income from fundraising events (not including \$ 412,723. of contributions reported on line 1c). See 775 Part IV, line 18 27.500 **b** Less: direct expenses ..... -26.725. -26,725. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** 11 a CY PRES AWARD 1,848,187. 900099 1,848,187. 900099 2,363. 2,363. b MISCELLANEOUS INCOME 900099 d All other revenue 1,850,550. Total. Add lines 11a-11d 3,821,948. 18,706,342. 1,568,348. 0. Total revenue. See instructions

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	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		4 4 4 4 4 4 7 4 7 4		
	and domestic governments. See Part IV, line 21	1,162,078.	1,162,078.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	275,288.	190,616.	56,780.	27,892
6	Compensation not included above to disqualified			ľ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,072,408.	5,434,529.	357,704.	280,175
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	236,915.	207,117.	19,572.	10,226
9	Other employee benefits	926,469.	808,669.	62,646.	55,154
0	Payroll taxes	511,259.	450,620.	39,894.	20,745
1	Fees for services (nonemployees):				
	Management	1			
b		17,850.		17,850.	
	Accounting	17,050.		17,0301	
	Lobbying	293,950.	7 V I T T T		293,950
	Professional fundraising services. See Part IV, line 17			182,199.	200,000
f	Investment management fees	182,199.		102,199.	
g		1 001 410	1 100 003	272 010	-114,402
	column (A) amount, list line 11g expenses on Sch O.)	1,261,419.	1,102,803.	273,018.	-114,402
2	Advertising and promotion	4 704 400	1 150 500	010 173	225 500
3	Office expenses	1,724,492.	1,179,720.	219,173.	325,599
4	Information technology	122,847.	11,312.	111,336.	199
15	Royalties				
16	Occupancy	98,617.	61,217.	37,400.	- 16
17	Travel	8,028.	7,957.	25.	46
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,756.	3,200.	86.	470
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	163,200.		163,200.	
3	Insurance	29,931.		29,931.	
4	Other expenses, Itemize expenses not covered				
-T	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.)		J. 15		
а	WATE HOHOE	277,381.	180,627.	32,396.	64,358
b	TODA A TICONORA	192,599.	47,237.	144,283.	1,079
	DEFEDENCE MAMEDIALC	166,941.	147,527.	9,211.	10,203
c C	TTOM DENIMAT COOM	95,520.	59,245.	12,863.	23,412
d		237,678.	743,578.	-571,070.	65,170
	All other expenses Add lines 1 through 246	14,135,825.	11,873,052.	1,198,497.	1,064,276
5	Total functional expenses. Add lines 1 through 24e	14,133,043.	11,013,034.	1917094770	1,001,270
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		-45 -45		006 007
	Check here X if following SOP 98-2 (ASC 958-720)	2,062,700.	518,218.	547,675.	996,807 Form <b>990</b> (202

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
		——————————————————————————————————————			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	632,629.	1	1,135,980.		
	2	Savings and temporary cash investments			3,773,497.	2	1,358,984.
	3	Pledges and grants receivable, net			420,834.	3	1,872,346.
	4	Accounts receivable, net			16,754.	4	120,224.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
v	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			49,727.	9	73,488.
	10a	Land, buildings, and equipment: cost or other	1 1				
1		basis. Complete Part VI of Schedule D	10a	5,713,626.		8 10	
	ь	Less: accumulated depreciation	10b	3,196,151.	2,525,660.	10c	2,517,475.
	11	Investments - publicly traded securities	26,163,356.	11	34,607,253.		
	12	Investments - other securities. See Part IV, line 1		1,456,672.	12	0.	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,425.	15	2,017.	
	16	Total assets. Add lines 1 through 15 (must equa	35,046,554.	16	41,687,767.		
	17	Accounts payable and accrued expenses	851,717.	17	1,017,638.		
	18	Grants payable		18			
	19	Deferred revenue		1,371,302.	19	1,420,746.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	er office	er, director,		-3	
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Ē		controlled entity or family member of any of thes	e perso	nsL		22	
Ξ.	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D	*********		2,847,015.		2,859,969.
	26	Total liabilities. Add lines 17 through 25			5,070,034.	26	5,298,353.
		Organizations that follow FASB ASC 958, che	ck here	► X			
Ses		and complete lines 27, 28, 32, and 33.		J			
au	27	Net assets without donor restrictions			24,898,565.	27	28,385,649.
Ba	28	Net assets with donor restrictions	5,077,955.	28	8,003,765.		
Ē		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🔲			
ij		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	26 202 44 4
Net Assets or Fund Balances	32	Total net assets or fund balances			29,976,520.	32	36,389,414.
_	33	Total liabilities and net assets/fund balances			35,046,554.	33	41,687,767. Form <b>990</b> (2020)

Pa	rt XI Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8	18,70 14,13 4,57 29,97 1,90	6,3 5,8 0,5 6,5	42. 25. 17. 20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		26 20	0.4	1.4
	column (B))	10	36,38	9,4	14.
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	_
1 2a	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 in Schedule were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				х
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	х	
c	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	gle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	red audit	3b		
	or addito, explain with oir obligation of and describe any stops taken to andargo sash addite		Forr	990	(2020

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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.

► Attach to Form 990 or Form 990-E2.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

Pa	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only o	one box.)		
1	Ŭ.	A church, convention of chu					)(A)(i).	
2	一	A school described in secti						
3		A hospital or a cooperative					i),	
4	三	A medical research organiza						the hospital's name,
7		city, and state:		,			, , , , , , , , , , , , , , , , , , ,	•
_		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
5				logo of affivoronty owner	or operati	, - 5-		
_	$\Box$	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	문	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
7	X			itiai part of its support if	om a gove	mmeman	urill or from the general p	Jublic described in
		section 170(b)(1)(A)(vi). (C						
8	닏	A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of the college	or
	_	university:						
10	$\Box$	An organization that normal						
		activities related to its exem						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga						giving
		the supported organization						
		organization. You must o						
ь		Type II. A supporting org			ion with its	s supporte	ed organization(s), by hav	ving
_		control or management o						
		organization(s). You mus			•			
c		☐ Type III functionally inte			in connect	tion with. a	and functionally integrate	ed with,
	·	its supported organization						
_		Type III non-functionally						ration(s)
C	' '-	that is not functionally int						
		requirement (see instructi						. 6.110.50
е		Check this box if the orga					Type I, Type III, Type III	
	<b>.</b> .	functionally integrated, or						
1		er the number of supported o	The second secon					
_5		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	Inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	Yes	No.	support (see instructions)	support (see instructions)
_				above (see instructions))	103	1,0		
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Tot	al							
101	۵l							

# Schedule A (Form 990 or 990-EZ) 2020 PUBLIC CITIZEN FOUNDATION, INC. 52-1263 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						ca:
	include any "unusual grants.")	10888474.	21483922.	10654016.	13157134.	13316046.	69499592.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						ľ
	the organization without charge						
4	Total. Add lines 1 through 3	10888474.	21483922.	10654016.	13157134.	13316046.	69499592.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11408705.
6	Public support, Subtract line 5 from line 4,						58090887.
Sec	ction B. Total Support		<b>.</b>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	10888474.	21483922.	10654016.	13157134.	13316046.	69499592.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	210,522.	358,483.	693,691.	567,215.	797,700.	2627611.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			1		,	1
	assets (Explain in Part VI.)	528.	8,324.		2,525.	1850550.	1861927.
	Total support. Add lines 7 through 10		16.11.501				73989130.
	Gross receipts from related activities,						,648,322.
13	First 5 years. If the Form 990 is for the						<b>-</b> []
_	organization, check this box and sto						
	ction C. Computation of Publi					Last	78.51 %
	Public support percentage for 2020 (					14	
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization				
ь	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/3%	or more, check th	IIS DOX
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - 2020. If the org	janization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to					47	
b	10% -facts-and-circumstances test						ı∪% Or
	more, and if the organization meets the						_
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/l			
					Sch	eaule A (Form 990	or 990-EZ) 2020

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

Section	on A. Public Support	ion, picaco comp					
	r year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	fts, grants, contributions, and	1,000					
	embership fees received. (Do not						
ind	clude any "unusual grants.")						
	oss receipts from admissions,						
	erchandise sold or services per-						
	med, or facilities furnished in		l l				
	y activity that is related to the						
	ganization's tax-exempt purpose						
<b>3</b> Gr	oss receipts from activities that						
are	e not an unrelated trade or bus-						
ine	ess under section 513						
4 Ta	x revenues levied for the organ-						
iza	ation's benefit and either paid to					ľ	
or	expended on its behalf						
	e value of services or facilities						
	mished by a governmental unit to						1
	e organization without charge						
	otal. Add lines 1 through 5						
7a An	nounts included on lines 1, 2, and						
3 ו	received from disqualified persons						
	ounts included on lines 2 and 3 received						
	m other than disqualified persons that seed the greater of \$5,000 or 1% of the						1
	ount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)			MILE -			
	on B. Total Support		-				
Calenda	r year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	nounts from line 6						
	ross income from interest,						
div	vidends, payments received on						
se	curities loans, rents, royalties,				1		
	d income from similar sources						
	related business taxable income						
	ss section 511 taxes) from businesses						
ac	quired after June 30, 1975						
c Ad	dd lines 10a and 10b						
	et income from unrelated business						
	tivities not included in line 10b, nether or not the business is						
	gularly carried on						
,	ther income. Do not include gain						
or	loss from the sale of capital						
	sets (Explain in Part VI.)				1		
	tal support. (Add lines 9, 10c, 11, and 12.) rst 5 years. If the Form 990 is for th		unt account third	fourth or fifth tay	Vent as a section F	501(c)(3) organizati	on
	-						1
	neck this box and stop hereon C. Computation of Public						
				nal(f))		15	%
	ublic support percentage for 2020 (li				***********	16	%
	ublic support percentage from 2019					1101	70
	on D. Computation of Inves			10 1 (0)			0/
	vestment income percentage for 20					17	<u>%</u>
	vestment income percentage from 2					18	<u>%</u>
	3 1/3% support tests - 2020. If the						/ is not
	ore than 33 1/3%, check this box an						
b 33	3 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
lin	e 18 is not more than 33 1/3%, chec	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20 Pr	ivate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
					C-L		0 or 000-E7\ 2020

Ves No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
-	- 1	- 1	
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ŀ	3a		
-			-
1	3b		
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Schedule A (Form 990 or 990-EZ) 2020

<u>3a</u>

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

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportionally Check here if the organization satisfied the Integral Part Test as a qualify	ng Organi		Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	THE THE STATE OF	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function instructions).	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
q	Applied to underdistributions of prior years				1 X 1 1 1 1 2 1 1 1
	Applied to 2020 distributable amount				
ī					
二	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			100	
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
6	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
_					
7	Excess distributions carryover to 2021. Add lines 3j				
_	and 4c.				
_8_	100 - 0.000				
	Excess from 2016		2114		
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Sabadula A	(Form 990 or 990-EZ) 2020 PUBI	TC CITIZEN	FOUNDATION	INC.	52-1263996 Page
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa	Provide the explants, 4b, 4c, 5a, 6, 9a, 9	nations required by Part 9b, 9c, 11a, 11b, and 11 n F, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c c; Part IV, Section B, lines and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e; Part V,
	(See instructions.)				
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### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2020

**Employer identification number** Name of the organization PUBLIC CITIZEN FOUNDATION, 52-1263996 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule \_\_\_\_ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

#### PUBLIC CITIZEN FOUNDATION, INC.

52-1263996

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$330,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_		\$300,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

#### PUBLIC CITIZEN FOUNDATION, INC.

52-1263996

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$500,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_		\$\$ <u>400,000.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$ 285,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$979,704.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

#### PUBLIC CITIZEN FOUNDATION, INC.

52-1263996

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCKS, CHECKS		
10			
		\$847,496.	2
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(ess mensus)	
		\$	-
(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
7 4.7.7	·		
		\$	-
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	-		
3453 11-25		Sobodula B (Form)	990, 990-EZ, or 990-PF) (2

Name of org	ganization			Employer identification number
DIIRI.T <i>C</i>	CITIZEN FOUNDATION, IN	IC.		52-1263996
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations describe ) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry For orga	)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(b) Furpose of girt	(0) 000 01 3111		(4) 2000, page 1
-		(e) Transfer		
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee
		0-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 5	01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
_	ne of orga				Emplo	oyer identification number
		PUBLIC	CITIZEN FOUNDATI	ON, INC.		52-1263996
Pa	art I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527 org	janization.
2	Political	a description of the organiz campaign activity expendit r hours for political campai			n Part IV,	
D	art LR	Complete if the ord	anization is exempt und	ler section 501(c)(3	3).	
			incurred by the organization un-			
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955	<b>&gt;</b> \$	
			n 4955 tax, did it file Form 4720			
	-		,			
	h If "Yes."	describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)	(3).
			by the filing organization for se			
2			ization's funds contributed to o			
	exempt t	unction activities			<b>&gt;</b> \$	
3			. Add lines 1 and 2. Enter here			
4 5	Enter the made pa contribu	e names, addresses and en yments. For each organiza tions received that were pro	1120-POL for this year?  nployer identification number (E tion listed, enter the amount pain to mptly and directly delivered to additional space is needed, pro	IN) of all section 527 pol id from the filing organiz a separate political orga	itical organizations to which ation's funds. Also enter the anization, such as a separate	the filing organization amount of political
		(a) Name	(b) Address	(c) EłN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
-						

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

417,280.

44,115.

16,510.

203,188.

153,467.

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990 EZ) 2020 PUBLIC CITIZEN FOUNDATION, INC. 52-12639 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), a 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Dues, assessments and similar amounts from members 2 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	1 2 3		punt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), a 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), soliton 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	1 2 3		
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b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 501(c)(6), organization is exe	1 2 3		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), a 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), a 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	1 2 3		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 501(c)(6), organization is exempt under section 501(c)(6), organization is exempt under section 501(c)(6), organization is exempt under section 50	1 2 3		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 501(c)(4), section 501(c)(6), organization is exempt under section 501(c)(6), organization is exempt under section 501(c)(6), organization is exempt under section 501(c)(6), organizatio	1 2 3		
501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	1 2 3		
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>	2 3 ), or sec	Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 6 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	2 3 ), or sec		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 6 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	2 3 ), or sec		
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	), or sec		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	1		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total			
a Current year b Carryover from last year c Total			
b Carryover from last year c Total	2a		
c Total	· =		
	·		
3 Addregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4		
expenditure next year?  5 Taxable amount of lobbying and political expenditures (See instructions)			
Part IV   Supplemental Information	3		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised	funds	(b) Funds and other accounts			
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 advisors in	writing that the assets held	l in donor advised fu	unds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?						
Pai			on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea		Preservation of a hi	storically important land area			
	Protection of natural habitat		Preservation of a ce	ertified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribut	ion in the form of a	conservation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a	historic structure				
	listed in the National Register			2d			
3	the state of the s						
	year ▶						
4	Number of states where property subject to conservation eas	sement is located 🕨 🔃					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conserva	tion easements during the year			
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	rcing conservation	easements during the year			
	<b>&gt;</b> \$						
8							
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's f	inancial statements	that describes the			
	organization's accounting for conservation easements.	( A. J. Historiaal Topo	ourse ou Othor	Cimilar Assats			
Pa	d III Organizations Maintaining Collections of		sures, or Other	Sillilar Assets.			
-	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pul			rance of public			
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or i	research in furtherar	nce of public service,			
	provide the following amounts relating to these items:			<b>&gt;</b>			
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre			n, provide			
	the following amounts required to be reported under FASB A			<b>.</b> .			
а	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X			• \$			

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PUBLIC CITIZ Part VII Investments - Other Securities.	ZEN FOUNDATIO	N, INC.	52-1263996 Page
Complete if the organization answered "Yes" or	on Form 990. Part IV. line	11b. See Form 990. Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives	` _		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X,	line 15.
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)	8250		
Total. (Column (b) must equal Form 990, Part X. col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 556 056
(2) CHARITABLE GIFT ANNUITIES			1,576,276
(3) DUE TO PUBLIC CITIZEN, INC			541,193
(4) REFUNDABLE ADVANCES (PPP L	JOAN)		742,500

(5) (6) (7) (8) 2,859,969. Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020   PUBLIC CITIZEN FOUNDATION, INC.   Part XIII   Supplemental Information (continued)	52-1263996 Page 5
Part XIII   Supplemental Information (continued)	
SPECIAL EVENT EXPENSE REPORTED ON PART VIII	27,500.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-60,646.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-33,146.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES REPORTED ON PART VIII	27,500.
% <del></del>	

#### SCHEDULE F (Form 990)

Department of the Treasury

### **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.

Open to Public Inspection

Internal Revenue Service

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

identification number

OMB No. 1545-0047

**Employer identification number** Name of the organization 52-1263996 PUBLIC CITIZEN FOUNDATION, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in the region (c) Number of (e) If activity listed in (d) (f) Total (b) Number of (a) Region employees, expenditures (by type) (such as, fundraising, prois a program service, offices agents, and for and describe specific type in the region gram services, investments, grants to independent contractors investments recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECIPIENTS IN THE MIDDLE EAST AND 5,000. REGION NORTH AFRICA 0 N/A EUROPE (INCLUDING GRANTS TO RECIPIENTS IN THE ICELAND AND 20,000. REGION N/A GREENLAND) 0 GRANTS TO RECIPIENTS IN THE 50,000. 0 REGION SOUTH AMERICA 0 N/A

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

0

0

0

Schedule F (Form 990) 2020

75,000.

75,000.

0.

3 a Subtotal \_\_\_\_\_\_ b Total from continuation

c Totals (add lines 3a

sheets to Part I

Schedule F (Form 990) 2020 PUBLIC CITIZEN FOUNDATION, INC. 52-1263996

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)
		SOUTH AMERICA	ACCESS TO MEDICINES	25,000.	WIRE	0.		
		SOUTH AMERICA	TO ENHANCE ACCESS TO	15,000.	wire	0.		
Lange 1								
	- 1-11							

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a ta	IX.		_
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		<b>▶</b> ;:	 2
3	Enter total number of other organizations or entities			0

Schedule F (Form 990) 2020

Part III Grants and Other Assistance Part III can be duplicated if ac	e to Individuals Outsiditional space is need	de the United Sta ed	ites. Complete i	f the organization answered "Yes	on Form 990, Part	IV, line 16.	
(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	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

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

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

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e X Solicita  f Solicita g X Special  or oral agreement with any individual  art VII) or entity in connection with p  viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	00 <del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INTEGRATED DIRECT MARKETING LLC - 1250 CONNECTICUT AVE	FUNDRAISING COUNSEL	Yes	No x	861,341.	173,950.	687,391.
BETH GRUPP ASSOCIATES LLC - BOX 60185, CAPITOL SUITES,	FUNDRAISING COUNSEL		х	0.	120,000.	0.
Total			<b></b>	861,341.	293,950.	687,391.
List all states in which the organization or licensing.     AL, AK, CA, CT, FL, GA, IL, I						
SC,TN,UT,VA,WA,WV,WI,	DC,LA,HI,AR,OR,CO					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	he organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		or furidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	413,498.			413,498.
_	2	Less: Contributions	412,723.			412,723.
	3	Gross income (line 1 minus line 2)	775.			775.
	4	Cash prizes	-			
**	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	27,500.			27,500.
	10	TO ANNOUNCE THE RESIDENCE OF THE PROPERTY OF T				27,500. -26,725.
Pa	11		answored "Ves" on Form	QQQ Dart IV line 19 or	reported more than	-20,123.
History.		\$15,000 on Form 990-EZ, line 6a.	answered tes on toni	1000,1 are 17, 1110 10, 01	Toportou moro anan	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo	(b) Other garming	col. (a) through col. (c))
3eve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
		N. J. Culturat Basi	7 funns line 1 - eelumen (d)		_	
_	8	Net gaming income summary. Subtract line	7 from line 1, column (a)	***************************************		
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	_			Yes No
		No," explain:				
	-					
		ere any of the organization's gaming licenses r Yes," explain:				Yes No
	_					
	_					

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 PUBLIC CITIZEN FOUNDATION, INC. 52-12	63996	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
	13a	%
	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party >\$		
c If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
retain the state gaming license?	res	NO
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
COMPONED C DARM I LINE OR LIGHT OF MEN HICHECH DAID PHAIDDAIGEDC		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING LLC		
(I) ADDRESS OF FUNDRAISER:		
1250 CONNECTICUT AVE NW, STE 200, WASHINGTON, DC 20036		
(I) NAME OF FUNDRAISER: BETH GRUPP ASSOCIATES LLC		
(I) ADDRESS OF FUNDRAISER: BOX 60185, CAPITOL SUITES, WASHINGTON,	DC 2	20039
032083 11-25-20 Schedule G (Form	990 or 99	0-EZ) 2020
· · · · · · · · · · · · · · ·		

Schedule G	(Form 990 or 990-EZ)	PUBLIC	CITIZEN	FOUNDATION,	INC.	52-1263996	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (cont	tinued)				
The state of the s	Committee of the control of the cont	Įoo.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
*							
-							

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Schedule I (Form 990) 2020

Name of the organization PUBLIC CI	TIZEN FOU	NDATION, IN	ic.				Employer identification number 52-1263996
Part I General Information on Grants a							
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance?	oring the use of grant	t funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domesti	ic Governments. C	omplete if the orga		Yes" on Form 990, Part	: IV, line 21, for any
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACHIEVING COMMUNITY TASKS SUCCESSFULLY - 1403 LAURENTIDE - HOUSTON TX 77029	45-5172290	501(C)(3)	58,750.	0.			DECREASING TECHNOLOGY SAP, INCREASE STUDENT AWARENESS OF CLIMATE ISSUES
AIR ALLIANCE HOUSTON 2520 CAROLINE ST, #100 HOUSTON TX 77004	76-0461030		102.977.	0.			DEVELOP CLEAN AIR STRATEGY PLAN FOR THE PORT OF HOUSTON; WINTER STORM URI RECOVERY-DIRECT
AL. ASSOCIATION FOR THE ARTS 6500 HUNTSVILLE, AL 35816	83-2474464		6,500.	0.			POSTER SUPPORT FOR VOTING
AMERICANS FOR FINANCIAL REFORM EDUCATION FUND - 1615 L STREEET, NW SUITE 450 - WASHINGTON, DC 20036	82-2553525	501(C)(3)	500,000.	0 .			REDUCING FOSSIL-FUEL FINANCE THROUGH FINANCIAL REGULATION
ASIAN AND PACIFIC ISLANDER AMERICAN VOTE - 1612 K STREET, NW, SUITE 510 - WASHINGTON, DC 20006	03-0575412		10,000.	0.			FOSTER SUPPORT FOR VOTING
CAROLINA FOR ALL EDUCATION FUND 109 TILTING ROCK DRIVE HOPKINS, SC 29061	83-3915725		10,000.	0.			FOSTER SUPPORT FOR VOTING
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	he line 1 table				▶21.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 11-02-20

# Schedule (Form 990) PUBLIC CITIZEN FOUNDATION, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW, 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	20,000.	0.			COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET, SUITE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	10,000.	0.			COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON - 1101 K STREET, NW SUITE 201 - WASHINGTON, DC 20005	03-0445391		10,000.	0.			COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY
COALITION OF COMMUNITY ORGANIZATIONS - 5901 MARKET ST #15310 - HOUSTON, TX 77003	46-4368352	501(C)(3)	75,551.	0.			WORK TO REDUCE CURRENT PORT POLLUTION; WINTER STORM URI RECOVERY-DIRECT ASSISTANCE AND COMMUNITY
COMMON CAUSE EDUCATION FUND 805 15TH STREET, NW SUITE 800 WASHINGTON, DC 20005	31-1705370	501(c)(3)	10,000.	0.			COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY
DEMOCRACY 21 EDUCATION FUND 2000 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036	52-1956824	501(C)(3)	60,000.	0.			SUPPORT COMMUNICATION EFFORT IN SUPPORT OF FOR THE PEOPLE ACT, AND IMPORTANCE OF SMALL DONOR
EAST HARRIS COUNTY EMPOWERMENT COUNCI - 12605 EAST FREEWAY #600 - HOUSTON, TX 77015	27-0377576	501(c)(3)	35,000.	0.			DEVELOP CLEAN AIR STRATEGY PLAN FOR THE PORT OF HOUSTON
ENVIRONMENT TEXAS RESEARCH AND FOLICY CENTER - 200 E 30TH - AUSTIN, TX 78705	56-2591697	501(C)(3)	18,000.	0.			ADVOCATE FOR THE RETIREMENT OF THE WA PARISH COAL PLANT, ENVIRONMENTAL DANGERS OF
JOLT ACTION PO BOX 4185 AUSTIN, TX 78765	81-4715525	501(C)(4)	8,000.	0.			TEXAS WINTER STORM CAMPAIGN-PHASE 2

Schedule I (Form 990) PUBLIC CI Part II Continuation of Grants and Other A		NDATION, INC nestic Organizations		vernments (Sch	edule I (Form 990), Pa		2-1263996 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWYER'S COMMITTEE FOR CIVIL							COLLABORATE WITH PARTNER
RIGHTS UNDER LAW - 1500 K STREET	1						TO DEVELOP STRATEGIES
NW SUITE 900 - WASHINGTON, DC	1						AROUND THE DECLARATION
20005	52-0799246	501(C)(3)	10,000.	0.			FOR AMERICAN DEMOCRACY
							COLLABORATE WITH PARTNER
EAGUE OF WOMEN VOTERS EDUCATION							TO DEVELOP STRATEGIES
FUND - 1233 20TH STREET, NW SUITE							AROUND THE DECLARATION
500 - WASHINGTON DC 20036	53-0239013	501(C)(3)	10,000.	0.			FOR AMERICAN DEMOCRACY
· · · · · · · · · · · · · · · · · · ·							FAITH-BASED OUTREACH AND
NETWORK EDUCATION PROGRAM			1				MOBILIZATION IN WEST
320 FIRST STREET NE SUITE 350	)		1				VIRGINIA FOR FEDERAL
WASHINGTON DC 20002	52-1307764	501(c)(3)	50,000.	0.			DEMOCRACY REFORMS
							COLLABORATE WITH PARTNER
PEOPLE FOR THE AMERICAN WAY							TO DEVELOP STRATEGIES
FOUNDATION - 1101 15TH STREET NW							AROUND THE DECLARATION
SUITE 600 - WASHINGTON, DC 20005	13-3065716	501(C)(3)	10,000.	0.			FOR AMERICAN DEMOCRACY
PRO GEORGIA							
151 ELLIS STREET, NE, SUITE 224							PROGEORGIA: GET OUT THE
ATLANTA, GA 30303	46-1064042	501(c)(3)	10,900.	0.			VOTE BILLBOARD CAMPAIGN
							COLLABORATE WITH PARTNER
STAND UP AMERICA							TO DEVELOP STRATEGIES
51 E 12TH STREET 2ND FLOOR							AROUND THE DECLARATION
NEW YORK NY 10003	32-0512546	501(C)(4)	10,000.	0.			FOR AMERICAN DEMOCRACY
NOW TOTAL NT TOUGH		,(-/(-/					WINTER STORM URI
FEXAS HEALTH AND ENVIRONMENT							RECOVERY-DIRECT
ALLIANCE - 3262 WESTHEIMER RD #142							ASSISTANCE AND COMMUNITY
- HOUSTON, TX 77098	47-4164402	501(C)(3)	61,150.	0.			EDUCATION
Add 11000	3. 121110	/ \ - /					ENGAGE IN PEDERNALES
FEXAS SOLAR ENERGY SOCIETY							ELECTRIC COOPERATIVE
PO BOX 1447							ELECTIONS AND SOLAR
AUSTIN TX 78767	74-1962704	501(C)(3)	7,500.	0.			POLICY WORK
2002AN 4 20 10101			,,,,,,,,				

PART II, LINE 1, COLUMN (H):

032102 11-02-20

NAME OF ORGANIZATION OR GOVERNMENT: AIR ALLIANCE HOUSTON

NAME OF ORGANIZATION OR GOVERNMENT: DEMOCRACY 21 EDUCATION FUND

STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY CAMPAIGN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT COMMUNICATION EFFORT IN SUPPORT OF FOR THE PEOPLE ACT, AND IMPORTANCE OF SMALL DONOR FINANCING; SUCCESS STORIES BEHIND PUBLIC FINANCING OF ELECTIONS FOR WOMEN RUNNING FOR OFFICE; COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

ENVIRONMENT TEXAS RESEARCH AND POLICY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCATE FOR THE RETIREMENT OF THE WA PARISH COAL PLANT, ENVIRONMENTAL DANGERS OF THE PLANT; TEXAS WINTER STORM CAMPAIGN-PHASE 2

NAME OF ORGANIZATION OR GOVERNMENT:

LAWYER'S COMMITTEE FOR CIVIL RIGHTS UNDER LAW

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: LEAGUE OF WOMEN VOTERS EDUCATION FUND (H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

PEOPLE FOR THE AMERICAN WAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATE WITH PARTNERS TO DEVELOP STRATEGIES AROUND THE DECLARATION FOR AMERICAN DEMOCRACY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: STAND UP AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: COLLABORATE WITH PARTNERS TO DEVELOP

032291 04-01-20

# **SCHEDULE J** (Form 990)

# **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  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		1	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.	20		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	11 17 S4136444000000000000000000000000000000000	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				110
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ouds!		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	П.		1
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	> 5	1	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	- 2		77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020 PUBLIC CITIZEN FOUNDATION, INC. 52-1263996

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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)()*(0)	reported as deferred on prior Form 990	
(1) ROBERT WEISSMAN	(i)	153,208.	0.	0.	7,660.	21,626.		0.	
PRESIDENT	(iii)	64,885.	0.	0.	3,244.	7,209.		0.	
(2) SID WOLFE	(i)	156,323.	0.	0.	7,870.	20,518.	184,711.	0.	
FOUNDER AND SENIOR FELLOW	(0)	0.	0.	0.	0.	0.	0.	0.	
(3) ALLISON ZIEVE	(i)	132,213.	0.	0.	6,706.	24,221.	163,140.	0.	
GENERAL COUNSEL	(0)	14,646.	0.	0.	732.	4,614.	19,992.	0.	
(4) MICHAEL CAROME	(i)	133,942.	0.	0.	6,862.	28,835.	169,639.	0.	
DIRECTOR, HEALTH RESEARCH GROUP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LISA GILBERT	(i)	81,512.	0.	0.	4,076.	5,218.	90,806.	0.	
VICE PRESIDENT	(ii)	64.516.	0.	0.	3,226.	4,269.		0.	
(6) DAVID ARKUSH	(i)	96,976.	0.	0.	5,042.	23,068.	125,086.	0.	
DIRECTOR, ENERGY GROUP	(ii)	24,720.	0.	0.	1,236.	5,767.		0.	
(7) LORI WALLACH	(i)	84,763.	0.	0.	4,238.	5,929.	94,930.	0.	
DIRECTOR, GLOBAL TRADE	(ii)	51,729.	0.	0.	2,633.	3,558.	57,920.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(iii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	an								
	(i)								
	(iii)								

Schedule J (Form 990) 2020

032112 12-07-20

Schedule J (Form 990) 2020	PUBLIC CITIZEN FOUNDATION,	INC.	52-1263996	Page 3
Part III Supplemental Information	on			
Provide the information, explanation	n, 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.	
-				
-				
			o L tota Messa	000) 0000

# **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

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

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

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or ítems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			\$
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	24	925,113.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82						0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.				a con a company and a construction of the cons			
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31	Х	
	Does the organization hire or use third parties				10:000m2 0441 0441			
	contributions?					32a		Х
ь	If "Yes," describe in Part II.				vorancia (1900 (190) (1900 (1900 (1900 (1900 (190) (1900 (190) (1900 (190)(190)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900			
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	. , ,				Y .		
		the Instruc	tions for Form 99	n	Schedule M	l (Forn	n 990)	2020

Schedule M	(Form 990) 2020	PUBLIC	CITIZEN	FOUNDATION	, INC.	52-1263996	Page
Part II	Supplemental is reporting in Part	Information (b),	Provide the	information required boontributions, the num	by Part I, lines 30b, 3 ber of items received	2b, and 33, and whether the organiza d, or a combination of both. Also comp	tion olete
	this part for any ac	dditional Inforn	nation.				
						11	

032142 11-23-20

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

PUBLIC CITIZEN FOUNDATION, INC.

Employer identification number 52-1263996

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HEALTH RESEARCH GROUP - THE HEALTH RESEARCH GROUP FIGHTS FOR SAFE FOODS, DRUGS, AND MEDICAL DEVICES; FOR UNIVERSAL ACCESS TO QUALITY HEALTH CARE; AND FOR FULL DISCLOSURE OF INFORMATION THAT WILL EMPOWER CONSUMERS AND INFORM THEIR PERSONAL HEALTH CARE DECISIONS. REVENUE \$ 0. EXPENSES \$ 960,428. INCLUDING GRANTS OF \$ 0. ENERGY PROGRAM - THE ENERGY PROGRAM PROVIDES INFORMATION TO THE PUBLIC ON THE THREAT OF CATASTROPHIC CLIMATE CHANGE, THE DANGERS OF NUCLEAR AND FOSSIL FUELS, AND THE OPPORTUNITIES AVAILABLE TO ADVANCE ENERGY EFFICIENCY AND DEVELOP RENEWABLE ENERGY SOURCES. REVENUE \$ 0. EXPENSES \$ 1,024,649. INCLUDING GRANTS OF \$ 500,000. PC TEXAS - PC TEXAS INFORMS TEXANS ON IMPORTANT ENERGY, TRADE, CAMPAIGN FINANCE REFORM, ETHICS, TRANSPORTATION, AND UTILITY ISSUES. INCLUDING GRANTS OF \$ 369,428. REVENUE \$ 0. EXPENSES \$ 944,677. GLOBAL TRADE WATCH - ACTING ON ITS BELIEF THAT SO CALLED "FREE TRADE" TREATIES COST U.S. JOBS, REDUCE WAGES, UNDERMINE OUR DEMOCRATIC RIGHTS, AND JEOPARDIZE HEALTH, SAFETY, AND THE ENVIRONMENT, GLOBAL TRADE WATCH PROVIDES INFORMATION TO THE PUBLIC ON THE DAMAGING IMPACT OF THE CORPORATE PUSH FOR GLOBALIZATION THROUGH TREATIES SUCH AS THE NORTH AMERICAN FREE TRADE AGREEMENT (NAFTA) AND THE WORLD TRADE ORGANIZATION (WTO) AGREEMENTS. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 858,966.

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

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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

Name of the organization PUBLIC CITIZ	EN FOUNDATION, INC.				Employer identifi 52-12639		ımber
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year a	ssets Direct	(f) controlling ntity	3
							-
Identification of Related Tax-Exempt Organ	nizations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one o	r more related tax-exe	mpt	
Part II organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section cont	g) 512(b)(13) rolled titv?
of related organization		loreigh country)		501(c)(3))		Yes	No
PUBLIC CITIZEN INC - 23-7104508 1600 20TH STREET, NW							
WASHINGTON, DC 20009	WORK FOR CONSUMER RIGHTS	DISTRICT OF COLUMBIA	501(C)(4)	, , , , ,	/A		х

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

Page 2

Schedule H (Form 990) 2020 FODD											_	1 4594
Part III Identification of Related Organizations treated as a pa	ganizations Taxable a rtnership during the ta	s a Partne x year.	ership. Complete if	the organization answe	ered "Yes" on Form	n 990, Part IV, line	34, be	ecause	e it had one or mo	re rel	ated	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	t	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionale tions?	Code V-UBI amount in box 20 of Schedule	mana part	ner7	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	í) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	512(t	i) tion b)(13) rolled ity?
		foreign country)		or trust)		assets		Yes	
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Part V	Transactions With Related Organizations. Complete if the organi	ization answered "Yes" on Form	1 990, Part IV, line 34, 35b	, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule	),				Yes	No
	ring the tax year, did the organization engage in any of the following to		lated organizations listed i	in Parts II-IV?			
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contr				1a		X
	t, grant, or capital contribution to related organization(s)				1b		Х
	t, grant, or capital contribution from related organization(s)				1c		X
d Lo	ans or loan guarantees to or for related organization(s)				1d		Х
e Lo	ans or loan guarantees by related organization(s)				1e		X
f Div	ridends from related organization(s)	***************************************			1f		x
g Sa	le of assets to related organization(s)			······	10		X
h Pu	rchase of assets from related organization(s)				1h	_	Х
i Ex	change of assets with related organization(s)				1i		Х
	ase of facilities, equipment, or other assets to related organization(s)				11		X
k Le	ase of facilities, equipment, or other assets from related organization(s	s)			1k		х
I Pe	rformance of services or membership or fundraising solicitations for re	elated organization(s)			11		Х
m Pe	rformance of services or membership or fundraising solicitations by re	elated organization(s)			1m		X
	aring of facilities, equipment, mailing lists, or other assets with related				1n	X	
	aring of paid employees with related organization(s)				10	X	
• •							
n Re	imbursement paid to related organization(s) for expenses				1p	X	
	imbursement paid by related organization(s) for expenses				10		X
4 110	minutes of the state of the sta						
r Ot	her transfer of cash or property to related organization(s)				1r		X
					1s		X
	he answer to any of the above is "Yes," see the instructions for inform						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) PU	BLIC CITIZEN INC	N	103,067.	ALLOCATION BASED ON TIME	SHE	ETS	
(2) PU	BLIC CITIZEN INC	0	4,585,947.	ALLOCATION BASED ON TIME	SHE	ETS	
(3) PU	BLIC CITIZEN INC	P	6,607,530.	ACTUAL EXPENSES REIMBURS	ED		
(4)							
(5)							
(6)					D /F	- 000	) 000
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		1)	(1)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.)	Share of	Share of	Dispo tion alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.7		end-of-year assets	alloca	bens?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes N	o income	assets	Yes	No	(Form 1065)	Yes N	•
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Schedule R	R (Form 990) 2020	PUBLIC	CTLTZEN	FOUNDATION,	INC.	52-1263996 F	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation					
	Provide additional inform	nation for respon	sees to question	s on Schedule R. See ir	estructions		
	Provide additional linon	nation for respon	ises to question	is on concadic (1, occ ii	istraotrons.		