### **PUBLIC DISCLOSURE COPY**

Form **990** 

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

Α	For the 2	019 calen	dar year, or tax y	ear beginning	10/01	, 2019, and end	ing	09/30	)	<b>, 20</b> 20				
В	Check if ap	plicable:	C Name of organiz	ation RESOURCE	S FOR THE FUTL	JRE, INC			D Emplo	oyer identification	number			
	Address ch	ange	Doing business a	as						53-0220900				
$\overline{\Box}$	Name chan		Number and stre	eet (or P.O. box if mai	il is not delivered to s	street address)	Room/suite		E Teleph	none number				
$\Box$	Initial return	-	1616 P STREET	Γ. NW		,		- 1		(202) 328-5000				
$\Box$	Final return/			ate or province, count	rv. and ZIP or foreign	n postal code								
H	Amended r		WASHINGTON,		,,	,			<b>G</b> Gross	receipts \$ 17.	.679.092			
H	Application			ss of principal officer:	· RICHARD G NE	WFII	H(a) is t			or subordinates? Ye	<del></del>			
ш	Application	pending	SAME AS C AB				1	-	Ill subordinates included?  Yes No					
1	Tax-exemp	t status:	✓ 501(c)(3)		) ◀ (insert no.)	4947(a)(1) or 527				st. (see instructions)				
	Website:				, (					number ►				
ĸ				rust Association	Other ▶	L Year of for	. ,			of legal domicile:	NY			
		Summa		ust Association	Other P	L Teal of for	nation. 190	)2	IVI State	or legal dornicle.				
•			-	ization's mission	or most signific	ant activities: TO IN	ADDOVE EN	VIDON	INVENIT	AL ENERGY AN	ID.			
ø)		-	_		_						יוו			
Activities & Governance		IATURAL	RESOURCE DEC	ASIONS I HROUG	IN INPARTIAL EC	ONOMIC RESEARCH	1 AND POLIC	Y EIN	JAGEIV	/IEIN I .				
rna		la 1 - 41-1-	b <b>b</b>											
) Ve				-		perations or dispose			1 1	its net assets.				
õ			•	rs of the governir	• • •	•			3		18			
တ္						body (Part VI, line 1	-		4		17			
iţie						, ,			5		87			
Ę				•					6		23			
ĕ				evenue from Par					7a		0			
	b N	et unrelat	ted business tax	xable income fro	m Form 990-T, I	ine 39			7b					
							Prio	r Year		Current Ye	ar			
<u>e</u>								7,01	7,077	12	,561,899			
an (	<b>9</b> P	rogram s	ervice revenue (	(Part VIII, line 2g)							0			
Revenue	<b>10</b> In	vestment	t income (Part V	/III, column (A), li	nes 3, 4, and 7d	)		1,63	88,916	2	,462,546			
Œ	<b>11</b> 0	ther reve	nue (Part VIII, co	olumn (A), lines 5	5, 6d, 8c, 9c, 10d	c, and 11e)		49	7,103		446,575			
	12 T	otal reven	ue-add lines 8	through 11 (mus	t equal Part VIII,	column (A), line 12)		9,15	3,096	15	,471,020			
	<b>13</b> G	rants and	d similar amount	ts paid (Part IX, o	column (A), lines	1–3)		30	5,419		287,500			
	<b>14</b> B	enefits pa	aid to or for mer	mbers (Part IX, c	olumn (A), line 4	)								
S						umn (A), lines 5-10)		7,79	7,480	9.	,051,335			
Expenses	<b>16a</b> P	rofession	al fundraising fe	es (Part IX, colu	mn (A), line 11e	)			0		0			
bei			•	s (Part IX, colum		,								
ш				column (A), lines				6.64	1,281	6	,185,715			
			•	13-17 (must equ		•			4,180		,524,550			
				·					1,084)		(53,530)			
r es							Beginning o	· ·		End of Yea	<del> </del>			
ets c	20 T	otal asset	ts (Part X, line 1	6)			10 01		7,208		,643,116			
Ass Bal	21 T		ties (Part X, line	•					35,010		,575,889			
Net Assets or Fund Balances	22 N			es. Subtract line					2,198		,067,227			
			re Block	<u>56. Gabiraet III le</u>	21 110111 11110 20			07,10	2,100		.001,221			
				o ovaminad this ratu	rn including accomp	anying schedules and st	atomonts and	to the l	oost of n	ny knowlodgo, and	holiof it is			
						formation of which prep				ny knowieuge and	Dellei, it is			
								Т						
Sig	nn 📗	Signati	ure of officer					Date						
_	re	,		VP FINANCE & AD	MINISTRATION									
			or print name and title		MINISTRATION	1								
_			preparer's name		eparer' signature	//	Date		OI . 「	: PTIN				
	iid	'			Jan Signaturo	/			Check L self-emp	"_	E044			
Pr	eparer		RY M. PLOTTS, C		Henry W/C	MA	0/10/21			7 10120				
Us	e Only	Firm's nan			TE 000 BOOK :::	LE MD 00050		Firm's		37-161132				
		-		KVILLE PIKE, SUI				Phone	no.	(301) 231-620				
				the preparer sho	-,	instructions)				🔽 Yes				
For	Paperwo	rk Reduct	ion Act Notice, s	see the separate i	nstructions.	Ca	t. No. 11282Y			Form <b>9</b>	<b>90</b> (2019)			

Part	Statement of Program Service Accomplishments	
rait	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	RFF'S MISSION IS TO IMPROVE ENVIRONMENTAL, ENERGY, AND NATURAL RESOURCE DECISIONS THROUGH IMPARTIAL	
	ECONOMIC RESEARCH AND POLICY ENGAGEMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 9,158,124 including grants of \$ ) (Revenue \$ )	
4a	RFF'S RESEARCH AND POLICY ENGAGEMENT EFFORTS ARE FOCUSED ON OPTIMIZING THE REDUCTION OF CARBON	
	EMISSIONS AND OTHER POLLUTANTS, MEASURING IMPACTS, AND DESIGNING STRATEGIES FOR ADAPTATION AND	
	RESILIENCE, ESPECIALLY RELATED TO CLIMATE CHANGE. WITHIN THESE BROAD THEMES, SPECIFIC AREAS OF	
	ACTIVITY INCLUDE WORK ON THE DEVELOPMENT AND EVALUATION OF INNOVATIVE POLICY AND MARKET APPROACHES,	
	INCLUDING: ECONOMYWIDE STRATEGIES SUCH AS CARBON PRICING, AND SECTOR-SPECIFIC EFFORTS IN ELECTRIC	
	POWER, TRANSPORT, INDUSTRY (INCLUDING FUEL PRODUCTION), BUILDINGS, FORESTRY, AGRICULTURE, AND OTHER	
	LAND USES; MEASURING IMPACTS ON SETTLEMENTS AND INFRASTRUCTURE, HUMAN HEALTH, FOOD AND WATER	
	SYSTEMS, AND ECOSYSTEMS, AND DESIGNING STRATEGIES FOR ADAPTATION AND RESILIENCE; AND CROSS-CUTTING	
	ISSUES SUCH AS ECONOMIC AND ENERGY TRANSITIONS, INTERNATIONAL INITIATIVES, AND THE INCORPORATION OF	
	EARTH OBSERVATIONS INTO DECISIONMAKING.	
4b	(Code:) (Expenses \$ 436,045 including grants of \$) (Revenue \$)	
	COMMUNICATIONS: DISSEMINATION OF RESEARCH RESULTS IN THE FORM OF RESEARCH PUBLICATIONS, RESOURCES	
	MAGAZINE, RESOURCES RADIO, THE RFF WEBSITE, AND OTHER METHODS. COMMUNICATIONS ACTIVITIES ADVANCE RFF'S REPUTATION FOR INDEPENDENT RESEARCH AND NON PARTISANSHIP WHILE INFORMING PUBLIC DEBATE.	
	RESEARCH PUBLICATIONS DISSEMINATED INCLUDE WORKING PAPERS, REPORTS, ISSUE BRIEFS, DATA TOOLS, AND	
	RESEARCH FINDINGS IN PEER-REVIEWED JOURNALS.	
	REGERIOTT INSTITUTE LET REVIEWED GOOTHALD.	
4c	(Code:) (Expenses \$	
	ACADEMIC RELATIONS: AWARD SMALL GRANTS AND FELLOWSHIPS TO SCHOLARS FROM OTHER INSTITUTIONS TO	
	ADVANCE THE STATE OF KNOWLEDGE IN THE ENVIRONMENTAL AND NATURAL RESOURCE SCIENCES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 9,601,796	

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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		,
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	>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10	~	
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 as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
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 Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13 14a	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV.</i>	14b	V	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
<b>20</b> a	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

3

Part	V Checklist of Required Schedules (continued)			
	<u>.                                      </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	~	
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 Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		~
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		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	~	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 78			
b	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 (gambling) winnings to prize winners?	1c	~	

Page **5** 

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 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 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b Section 501(c)(12) organizations. Enter: 11 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b Enter the amount of reserves on hand . . . . . . . . . . . . . . . . . . 13c C Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a ~ 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 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Form **990** (2019)

Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 18 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . ~ 15a 15b 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 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ, NY 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JESSICA ROPER, 1616 P STREET, NW, WASHINGTON, DC 20036, (202) 328-5000

# 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	•		aniz	atic	on c	ompe	ensa	ted any current	officer, director,	or trustee.
				(	C)					
(A) Name and title	(B) Average hours per week	box,	unles	neck ss pe d a c	erson	e than is both or/trus	n an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) RICHARD G NEWELL	35.0									
PRESIDENT & CEO		~		~				382,542	0	70,266
(2) LINDA FISHER (THROUGH OCT 2019) VICE CHAIR	1.0	,						0	0	0
(3) RICHARD SCHMALENSEE (THROUGH OCT 2019	1.0									
CHAIR		~						0	0	0
(4) BOB LITTERMAN	1.0									
DIRECTOR		~						0	0	0
(5) BOYDEN GRAY	1.0									
DIRECTOR		~						0	0	0
(6) CATHY KLING	1.0									
DIRECTOR		~						0	0	0
(7) CHARLES KALMBACH (THROUGH OCT 2019)	1.0									
DIRECTOR		~						0	0	0
(8) DAIVD HAWKINS	1.0									
DIRECTOR		~						0	0	0
(9) DAN ESTY DIRECTOR	1.0	_						0	0	0
(10) ELAINE DOWARD-KING	1.0									
DIRECTOR	1.0	~						0	0	0
(11) HENRY SCHACHT	1.0									
DIRECTOR		~						0	0	0
(12) JIM ASSELSTINE DIRECTOR	1.0	_						0	0	0
(13) JIM ROGERS (THROUGH OCT 2019)	1.0							0	0	0
DIRECTOR	1.0	~						0	0	0
(14) JONATHAN SILVER	1.0	<u> </u>								
DIRECTOR		_						0	0	0
	ļ.	<u> </u>	_	_	_		_			Form <b>QQ</b> (2010)

Form **990** (2019)

Part VII Section A. Officers, Directors, 7	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated	Employ	yees (c	ontin	ued)
				(	C)								
(A)	(B)				ition			(D)	(E)	,		(F)	
Name and title	Average					e than o		Reportable	Report		Estima		ount
Traine and tille	hours					is both or/trust		compensation	compen			other	,
	per week		_	_	_		· -	from the	from re			ensatio	วท
	(list any hours for	함	stit	Officer	ey e	nplo	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			m the zation a	and
	related	dua	oitu	뿌	mp	est c	еę	(11 27 1000 111100)	(11 2) 1000	,	related o		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Öm							
	below dotted line)	ıste	trus		ď	pen							
	dottod mio)	Ф	tee			Highest compensated employee							
(15) KATHLEEN SULLIVAN (THROUGH OCT 2019)	1.0					Δ.							
DIRECTOR		1						0		0			0
(16) KYUNH-AH PARK	1.0												
DIRECTOR		<b>'</b>						0		0			0
(17) MARY LANDRIEU	1.0												
DIRECTOR		~						0		0			0
(18) PETER KAGAN (THROUGH OCT 2019)	1.0	1											
DIRECTOR		~						0		0			0
(19) ROB STAVINS	1.0									_			
DIRECTOR (CO)	4.0	·						0		0			0
(20) RUBEN KRAIEM DIRECTOR	1.0	_						0					0
(21) SALLY KATZEN	1.0	, v						0		0			0
DIRECTOR	1	·						0		0			0
(22) SUE TIERNEY	1.0												
DIRECTOR	ļ	1						0		0			0
(23) TONY BERNHARDT	1.0												
DIRECTOR		1						0		0			0
(24) TRUDY ANN CAMERON (THROUGH OCT 2019)	1.0												
DIRECTOR		~						0		0			0
(25) (SEE STATEMENT)													
							Ļ						
1b Subtotal			٠	٠				382,542		0			0,266
c Total from continuation sheets to Part			٠	•				2,362,837		0			3,471
							<u> </u>	2,745,379	o than (*1	0 000	of.	478	3,737
2 Total number of individuals (including but reportable compensation from the organi		ז נס נו	1056	IIS	tea	above	∋) W	no received more 28	e tnan \$ i	00,000	OT		
Toportable componeditori from the organi	Zation							20				Yes	No
3 Did the organization list any former of	officer dire	ector	tru	iste	e k	ev e	mnl	lovee or highes	st compe	ensated			
employee on line 1a? If "Yes," complete											3		~
4 For any individual listed on line 1a, is the							n a	nd other compe	nsation fr	om the			
organization and related organizations													
individual											4	~	
5 Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or inc	dividual			
for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedu	ule J t	or s	such person .			5	~	
Section B. Independent Contractors													
1 Complete this table for your five high													
compensation from the organization. Rep	ort comper	เจสแบ	1 10	1116	e ca	ieriua	iye T		vvitiiiii th	e organ		s idx	/ear.
(A)							1	(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
VAULT CONSULTING, 8401 GREENSBORO DR, MCLEAN, VA 22102	CONSULTING	412,457
TORCHBOX LTD, UNIT 9 SOUTHILL BUSINESS PARK, CORNBURY PARK, CHARLBURY, OXFORDSHIRE, OX7 3EW, UK	CONSULTING	235,770
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ▶	those listed above) who	

Form **990** (2019)

Page 9

### Form 990 (2019) Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts Is	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	С	Fundraising events			1c					
Fts, ⊟	d	Related organization			1d					
	е	Government grants			1e	2,343,005				
JS,	f	All other contribution		-		72 27222				
를 있	•	and similar amounts no			1f	10,218,894				
t pri	~	Noncash contribution				10,210,001				
달이	9	lines 1a–1f			1g	<b>\$</b>				
Cont	h	Total. Add lines 1a-					12,561,899			
-	- ''	Total. Add lines 1a-	-11 .		•	Business Code	12,301,033			
ø	20					Busilless Code				
<u> </u>	2a									
Program Service Revenue	b									
n (	C .									
Fal	d									
90,	e									
۵.	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun					1,280,587			1,280,587
	4	Income from investr			•					
	5	Royalties				<u> </u>				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	1,61	5,260					
	b	Less: rental expenses	6b	1,16	8,685					
	С	Rental income or (loss)	6с	44	6,575	0				
	d	Net rental income o	r (los	s)		🕨	446,575			446,575
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets		0.00	4 0 4 0					
		other than inventory	7a	2,22	1,346					
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	1,03	9,387					
eVe	С	Gain or (loss)	7c	1,18	1,959	0				
	d	Net gain or (loss)				🕨	1,181,959			1,181,959
Other	8a	Gross income from	m fu	ındraisina						
ð		events (not including								
		of contributions rep		d on line						
		1c). See Part IV, line	18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)			a eve	ents ►				
	9a	Gross income f								
	Ju	activities. See Part I			9a					
	b	Less: direct expens			9b					
	c	Net income or (loss)				25				
		Gross sales of ir				Jo				
	iva	returns and allowan		ory, less	10a					
	b	Less: cost of goods			10a					
	C	Net income or (loss)				orv				
		TAGE HIGOING OF (1088)	, 11011	i Jaica UI II	ı v <del>G</del> i ILC	Business Code				
Miscellaneous Revenue	110					Dusilless Code				
Jec Iue	11a									
llar /en	b									
scellaneo Revenue	C	Λ II					_		-	-
iš −	d	All other revenue					0	0	0	0
		Total. Add lines 11a					0		-	0.000.15
OLIBO	12	Total revenue. See R THE FUTURE, INC	ınstr	uctions		<u> </u>	15,471,020	9 8/16/20	0 021 10:13:40 AM	2,909,121 Form <b>990</b> (2019)
ひひだし	ᄓᅜᅜ	N THE FUTURE, INC.						<i>5</i> 0/10/2€	ルー I U. I J. 4U AIV	Form MMU (2019)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	o, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	287,500	287,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,017,162	1,551,901	117,725	347,536
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,473,300	4,150,402	1,144,101	178,797
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	568,629	455,043	82,345	31,241
9	Other employee benefits	521,279	388,483	97,823	34,973
10	Payroll taxes	470,965	345,381	95,379	30,205
11	Fees for services (nonemployees):	,	,	,	<u> </u>
а	Management	228,045	22,583	85,440	120,022
b	Legal	46,422	308	46,114	<u> </u>
С	Accounting	546,689	240,428	306,261	
d	Lobbying	,	,	,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	190,339	190,339		
g	Other. (If line 11g amount exceeds 10% of line 25, column	,	,		
3	(A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	33,771	10,792	22,831	148
13	Office expenses	246,720	176,867	32,876	36,977
14	Information technology	183,836	133,064	50,772	<u> </u>
15	Royalties	·		·	
16	Occupancy	776,539	708,983		67,556
17	Travel	189,749	135,742	43,565	10,442
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	62,665	50,988	11,473	204
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	312,787	312,787		
23	Insurance	88,432	88,432		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BUILDING EXPENSES	1,689,601	1,689,601		
b	CONSULTANTS	1,240,147	994,671	161,158	84,318
С	SUBCONTRACTS	206,535	206,535		
d	PRINTING & PUBLICATIONS	46,923	46,831		92
е	All other expenses	96,515	80,429	12,374	3,712
25	Total functional expenses. Add lines 1 through 24e	15,524,550	12,268,090	2,310,237	946,223
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				- 200
					Form <b>990</b> (2019)

Page **11** 

Part X Balance Sheet

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	1,636,349	1	1,230,657
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	1,733,708	3	3,400,419
4	Accounts receivable, net	1,603	4	(
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0	5	(
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	C
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	0	9	96,207
10a				,
	basis. Complete Part VI of Schedule D   10a   27,730,276			
b		19,874,335	10c	20,211,811
11	Investments—publicly traded securities	50,608,210	11	53,287,749
12	Investments—other securities. See Part IV, line 11	5,017,034	12	5,076,698
13	Investments—program-related. See Part IV, line 11	0	13	(
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,555,969	15	4,339,57
16	Total assets. Add lines 1 through 15 (must equal line 33)	83,427,208	16	87,643,116
17	Accounts payable and accrued expenses	2,780,902	17	2,777,846
18	Grants payable	42,836	18	(
19	Deferred revenue	234,962	19	471,226
20	Tax-exempt bond liabilities	22,839,304	20	22,552,123
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0	22	(
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D	337,006	25	1,774,694
26	Total liabilities. Add lines 17 through 25	26,235,010	26	27,575,889
	Organizations that follow FASB ASC 958, check here ▶   and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	47,733,296	27	47,777,216
28	Net assets with donor restrictions	9,458,902	28	12,290,01
	Organizations that do not follow FASB ASC 958, check here ▶ □	-,,		,
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
31	rictalited carriings, chaowinent, accumulated income, or other fands			
	Total net assets or fund balances	57,192,198	32	60,067,227

					~go
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71,020
2	Total expenses (must equal Part IX, column (A), line 25)	2			24,550
3	Revenue less expenses. Subtract line 2 from line 1	3			3,530)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			92,198
5	Net unrealized gains (losses) on investments	5		1,75	59,873
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		58,89	98,541
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			_	$\perp \sqcup$
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con-				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	· /	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	20	. /	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he		
	Single Audit Act and OMB Circular A-133?		3a	· /	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo t	he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b	·   •	

(A) Name and Title	(B) Average hours per week				ositioi that ap			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) VICKY BAILEY	1.0	/						0	0	
DIRECTOR		•						U	0	
(26) WILHELM MERCK (THROUGH OCT 2019)	1.0	/						0	0	(
DIRECTOR										
(27) CAROLYN MOLLEN	35.0			/				0	0	
CFO (FROM 12/2020)				>				0	0	
(28) RAYMOND KOPP	35.0			/				255 250	0	FF 0.4
VP, ENERGY AND CLIMATE				>				255,358	0	55,94
(29) ANN M BARTUSKA	35.0			/				040.000	0	07.04
VP, LAND, WATER, AND NATURE				>				216,300	0	37,84
(30) GREGORY R MCGOVERN	35.0									
VP, DEVELOPMENT (THROUGH 4/2020)				<b>✓</b>				172,256	0	12,49
(31) ROSS KEITH VAN DER LINDE	35.0			/				400 440	0	04.74
VP, COMMUNICATIONS				>				162,119	0	21,74
(32) SHANNON WULF-TREGAR	35.0			/				4.40.000		44.00
CHIEF OF STAFF				•				140,260	0	11,99
(33) ALAN KRUPNICK	35.0				/			0.40.000		44
SENIOR FELLOW					<b>✓</b>			248,092	0	55,41
(34) DENNIS BURTRAW	35.0				/			007.000		E4 04
SENIOR FELLOW					<b>~</b>			207,308	0	51,81
(35) KAREN PALMER	35.0				/			005.404		47.07
SENIOR FELLOW					<b>~</b>			205,164	0	47,87
(36) MARGARET WALLS	35.0				/			100 700		05.05
SENIOR FELLOW					<b>✓</b>			199,709	0	35,65
(37) JAMES BOYD	35.0				/			400.004		04.04
SENIOR FELLOW					<b>\</b>			196,961	0	34,94
(38) TERESA O'BRIEN	0.0						/	040.45		00.00
VP FINANCE							<b>~</b>	216,181	0	29,02
(39) PAULA WOLFERSEDER YABAR	0.0						/	440.400		10.71
VP DEVELOPMENT							<b>✓</b>	143,129	0	13,71

### **SCHEDULE A** (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.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 

Inspection

KES!	OURCES FOR THE FUTURE, INC					53-02	20900	
Pai	rt Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	☐ A church, convention of church	nes, or associati	on of churches descri	ibed in <b>s</b> e	ection 17	'0(b)(1)(A)(i).		
2	☐ A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)		
3	☐ A hospital or a cooperative hos							
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). En	ter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned c	r operate	ed by a government	al unit	described in
6 7	<ul> <li>A federal, state, or local govern</li> <li>✓ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the g	eneral public
8	☐ A community trust described in		•	Part II.)				
9	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)							
11	☐ An organization organized and		•		•	•		
12	☐ An organization organized and							
	of one or more publicly suppo							
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •		•	·		
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b		-	•			supported organizati	on(s) h	ov having
-	control or management of to organization(s). You must o	he supporting o	rganization vested in	the same				
С	Type III functionally integrated its supported organization(s						ally inte	grated with,
d	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar		
е	Check this box if the organ functionally integrated, or T						∍ II, Typ	oe III
f	Enter the number of supported of	•						
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No	-		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

53-0220900

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.)

Secti	on A. Public Support	quality arido	1 1110 10010 110	tod bolow, pr	cace comple	to r art iii.)	
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,756,618	7,660,068	9,829,595	7,017,077	12,561,899	46,825,257
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	9,756,618	7,660,068	9,829,595	7,017,077	12,561,899	46,825,257
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)						4,396,655
6	Public support. Subtract line 5 from line 4						42,428,602
Secti	on B. Total Support	·					
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	9,756,618	7,660,068	9,829,595	7,017,077	12,561,899	46,825,257
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,407,216	3,116,829	2,706,075	2,823,596	1,727,162	13,780,878
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for th organization, check this box and stop her	e organization	's first, second		or fifth tax ye	12 ar as a section	
Secti	on C. Computation of Public Suppor	t Percentage	)				
14	Public support percentage for 2019 (line 6	, column (f) div	vided by line 1	1, column (f))		14	70.01 <b>%</b>
15 16a	Public support percentage from 2018 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organization qual	zation did not	check the box	on line 13, an	d line 14 is 33		
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not d	check a box or	n line 13 or 16a	a, and line 15 i	is 33 <sup>1</sup> /3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	nces" test, ch st. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	<b>118.</b> If the orga tion meets the neets the "facts	inization did no e "facts-and-c s-and-circums	ot check a box ircumstances" tances" test. T	on line 13, 10 test, check t The organization	6a, 16b, or 17a his box and <b>s</b> on qualifies as	a, and line top here. a publicly
18	<b>Private foundation.</b> If the organization did instructions						

Page 3

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization fails to qualify	under the te	sis listed beit	Jw, piease co	implete i ait	11.)	
	on A. Public Support				T		
Calen	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	,						
с 8	Add lines 7a and 7b						_
•	line 6.)						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			or fifth tax ye		. , . ,
Section	on C. Computation of Public Suppor						· · ·
15	Public support percentage for 2019 (line 8			13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			-		17	%
18	Investment income percentage from 2018					18	<u>%</u>
19a	331/3% support tests—2019. If the organi 17 is not more than 331/3%, check this box a						
b	33 <sup>1</sup> /3% support tests—2018. If the organiz	-	-			_	_
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	_	=	-	· · · · · · · ·		_

Page 4

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

Cui	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С		3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?			
_		5b		
с 6	<b>Substitutions only.</b> 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 <b>Part VI.</b>	5c		
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).	7		
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).			
0-		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	อม		
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100		
h		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expla	ain in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons A through E.
Section 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		
<b>6</b> 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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-functional	v in	tegrated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(11)	, m
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d				
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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

2019

**Employer identification number** 

RESOURCES FOR THE FUTURE, INC 53-0220900 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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, 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 

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
RESOURCES FOR THE FUTURE, INC

Employer identification number 53-0220900

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,254,824	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 738,186	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,250,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$400,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$250,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$350,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

RESOURCES FOR THE FUTURE, INC

53-0220900

53-0220900 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person ~ **Payroll** 375,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 Person ~ **Payroll** 320,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person ~ **Payroll** 290,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 ~ Person **Payroll** 250,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 11 Person ~ **Payroll** 1,000,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 Person ~ **Payroll** 627,083 Noncash (Complete Part II for noncash contributions.)

Name of organization
RESOURCES FOR THE FUTURE, INC

Employer identification number 53-0220900

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization **Employer identification number** RESOURCES FOR THE FUTURE, INC 53-0220900 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	i the organization		Employer identification number
	URCES FOR THE FUTURE, INC		53-0220900
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 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		
			<u> </u>
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	r any other purpose
			· · · · · · · · · · · · Yes U No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	Preservation of land for public use (for example, recreation)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		ra obranica mistorio strastaro
2	·	d a gualified concentration contribution	o in the form of a concentration
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a quaimed conservation contribution	
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		<del> </del>
С	Number of conservation easements on a certified hi	. ,	
d	Number of conservation easements included in (a historic structure listed in the National Register .	c) acquired after 7/25/06, and not c	on a
3	Number of conservation easements modified, trans		<u> </u>
3	tax year ►	refred, refeased, extilliguished, or terri	illiated by the organization during the
4	Number of states where property subject to conserv	vation assement is located	
4			eastion bondling of
5	Does the organization have a written policy regardions, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing	conservation easements during the year
-	<b>▶</b> \$	,,ggg	
8	Does each conservation easement reported on line 2	O(d) above satisfy the requirements of	coation 170(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
•			
9	In Part XIII, describe how the organization reports co- balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		uiciai statements that describes the
Dow			Other Circiles Assets
Part			Other Similar Assets.
	Complete if the organization answered "	res" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	statement and balance sheet works of
-	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	•	,
			<b>▶</b> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		· · · · • •
_			
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X		▶ \$

53-0220900

Schedule D (Form 990) 2019 Page **2** 

Part	Organizations Ma	intaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar As	sets (cont	inued)
3	Using the organization's accollection items (check all t		accession, and ot	her reco	rds, chec	k any of the	e follow	ving that make si	gnificant u	se of its
а	Public exhibition			d		or exchange				
b	Scholarly research			е	☐ Other					
С	☐ Preservation for future g									
4	Provide a description of the XIII.	e organizat	ion's collections a	and expl	ain how t	hey further	the org	anization's exem	npt purpos	e in Part
5	During the year, did the or assets to be sold to raise fu								r Yes	☐ No
Part	Complete if the org 990, Part X, line 21	ganization	_	" on Fo	rm 990, F	Part IV, line	9, or	reported an am	ount on F	orm
1a	Is the organization an age included on Form 990, Part	nt, trustee,							t	☐ No
b	If "Yes," explain the arrange	ement in Pa	art XIII and comple	ete the f	ollowing ta	able:				
								Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a b	Did the organization include If "Yes," explain the arrange	ement in Pa						•		□ No
Par				_						
	Complete if the org	ganization						(D.T.	1.5	
4.	Danimain a aforesa la la sa		(a) Current year		ior year	(c) Two year		(d) Three years back		
1a	Beginning of year balance		6,744,920		6,740,952	7,10	81,474	6,595,765	6	,443,209
b	Contributions	+								50
С	Net investment earnings, glosses		472,241		300,112	4	22,123	852,180		418,977
d	Grants or scholarships .	-	472,241		300,112		66,500	032,100	1	410,377
e	Other expenditures for faci						00,000			
	programs		325,010		296,144	2	96,145	266,471		266,471
f	Administrative expenses .	-	0.000.454		0.744.000	0.7	40.050	7.404.474		505 705
g	End of year balance	_	6,892,151		6,744,920	L	40,952	7,181,474	6	,595,765
2	Provide the estimated perconstruction Board designated or quasi-	_	-		se (line 19	i, column (a	)) neid a	15.		
a b	Permanent endowment		02 %	7 70						
C	Term endowment ►	12.98 %								
Ū	The percentages on lines 2		2c should equal 1	00%						
3a	Are there endowment fund		•		ization tha	at are held a	and adi	ministered for the	e	
	organization by:									es No
	(i) Unrelated organizations	3							3a(i)	~
	(ii) Related organizations								3a(ii)	<b>'</b>
b	If "Yes" on line 3a(ii), are the		•	•					3b	
4	Describe in Part XIII the inte			n's end	owment fo	unds.				
Part	, ,			. –					<b>.</b>	4.0
	Complete if the org									
	Description of prop	perty	(a) Cost or ot (investment)		1	or other basis ther)		Accumulated epreciation	(d) Book v	alue 
1a	Land					12,981,367			12	,981,367
b	Buildings					11,648,524		5,158,044	6	,490,480
С	Leasehold improvements					1,502,198		1,250,773		251,425
d	Equipment				1	1,598,187		1,109,648		488,539
e	Other									
Total.	Add lines 1a through 1e. (Co	olumn (d) m	oust equal Form 9	90, Part	X, columr	n (B), line 10	c.)	•	20	,211,811

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3

Part VII	Investments – Other Securities.	rm 000 Part IV lin	o 11h Coo Form	000 Port V line 10
	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value		nod of valuation:
	(including name of security)	(b) Book value		of-year market value
(1) Financia	derivatives			
. ,	neld equity interests			
(3) Other				
	INCOME FUNDS	5,046,444	END OF YEAR MAI	
	TE PLACEMENT	30,254	END OF YEAR MAI	RKET VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mp /b) must squal Form 000 Port V sol /P) line 12	F 070 000		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	5,076,698		
Part VIII	Investments—Program Related.	m 000 Dart IV lin	a 11a Cas Form	000 Dort V line 12
-	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value	( )	hod of valuation: -of-year market value
(4)				
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	1		
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ir				
	TIES UNDER SPLIT-INTEREST			179,530
	INDS HELD FOR OTHERS			146,264
(4) PAYROI	LL PROTECTION PROGRAM LOAN			1,448,900
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			1,774,694
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	n's financial stateme	nts 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) 2019 Page **4** 

Part	•		-	Return.	· -
	Complete if the organization answered "Yes" on Form 990, F		V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	18,209,239
2		۱.۰	4 750 070		
a	Net unrealized gains (losses) on investments	2a	1,759,873		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,168,685		
е	Add lines 2a through 2d			2e	2,928,558
3	Subtract line <b>2e</b> from line <b>1</b>			3	15,280,681
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	190,339		
b	Other (Describe in Part XIII.)	4b	0		
С				4c	190,339
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	15,471,020
Part				er Retur	n.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	15,334,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,168,685		
е	Add lines 2a through 2d			2e	1,168,685
3	Subtract line <b>2e</b> from line <b>1</b>			3	14,165,525
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	190,339		
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines <b>4a</b> and <b>4b</b>			4c	190,339
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	14,355,864
Part	XIII Supplemental Information.			-	· · ·
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	·	to pro	ovide arry additional in	iomatioi	ı.
SEE S	TATEMENT				

### Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description  RENTAL EXPENSES	<b>(b)</b> Amount 1,168,685
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description RENTAL EXPENSES	<b>(b)</b> Amount 1,168,685

D٥	rŧ	ΥI	ı
на	ш		

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

Return Reference - Identifier	Explanation
	ENDOWMENT FUNDS ARE USED TO SUPPORT VARIOUS ACTIVITIES AND PROJECTS AS DESIGNATED BY THE BOARD OF DIRECTORS AND APPLICABLE LAWS AND ARE SUBJECT TO DONOR INTENT.
LINE 2 - FIN 48 (ASC 740) FOOTNOTE	RFF EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF SEPTEMBER 30, 2020 AND 2019, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, RFF RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2017 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 53-0220900 RESOURCES FOR THE FUTURE, INC

Par	Form 990, Part IV, line		ties Outside	the United States. Con	iplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	y for the gran	ts or assistance, and the		☐ Yes 🗹 No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICES	144,662
(2)	EAST ASIA AND THE PACIFIC	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICES	2,744,358
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICES	4,312,608
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICES	115,669
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICES	265,823
(6)	SUB-SAHARAN AFRICA	0	0	PUBLIC EQUITY INVESTMENTS	PUBLIC INVESTMENTS	83,861
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			7,666,981
b		0	0			0
С	Totals (add lines 3a and 3b)	0	0			7,666,981

8/16/2021 10:13:40 AM

	le F (Form 990) 20								Page 2
Part	<b>Ⅲ Grants</b> Part IV	s and Other Ass ', line 15, for any	sistance to Org recipient who re	anizations or Enti eceived more than	<b>ties Outside the</b> \$5,000. Part II ca	• <b>United States.</b> Co un be duplicated if a	emplete if the organd additional space is	anization answered "\ s needed.	es" on Form 990
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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

10)									
2	Enter total nun	nber of recipie	nt organizations list	ed above that are reco	ognized as charitie	s by the foreign coun	try, recognized as ta	ax-exempt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3	Enter total nun	nher of other o	rganizations or entit	ies				<b>&gt;</b>	

(15)

Schedule F (Form 990) 2019

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

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

Schedule F (Form 990) 2019 Page **4** 

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ 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	✓ 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	☐ 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	✓ 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	<b>₽</b> 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	<b>∠</b> No

Schedule F (Form 990) 2019

### Part V

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

Return Reference - Identifier	Explanation
3 - METHOD TO ACCOUNT	CENTRAL AMERICA AND THE CARIBBEAN: EAST ASIA AND THE PACIFIC: EUROPE (INCLUDING ICELAND AND GREENLAND): MIDDLE EAST AND NORTH AFRICA: NORTH AMERICA (CANADA & MEXICO ONLY): SUB-SAHARAN AFRICA:

### **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.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** RESOURCES FOR THE FUTURE. INC 53-0220900 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (9) (10)(11)(12)

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.						
	(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
<b>1</b> (SE	E STATEMENT)		287,500				
2							
3							
4							
5							
6							
7							
Part IV	Supplemental Information. Provide	the information r	equired in Part I. lin	e 2: Part III. columr	n (b): and any other addit	onal information.	
(SEE STA	TEMENT)						

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

Return Reference - Identifier	Explanation
	GRANT FUNDS ARE EXPENDED TO INDIVIDUALS IN THE U.S FOR USE IN THE U.S AND RFF MONITORS REPORTS OF THE USE OF FUNDS.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	RESEARCH GRANTS - DISSERTATION AWARDS PROGRAM

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization RESOURCES FOR THE FUTURE, INC Employer identification number 53-0220900

Part	Questions Regarding Compensation			
			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			
	☐ 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.			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	1	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

8/16/2021 10:13:40 AM

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
TERESA O'BRIEN	(i)	216,181	0	0	0	29,020	245,201	0	
1VP FINANCE	(ii)	0	0	0	0	0	0	0	
PAULA WOLFERSEDER YABAR	(i)	143,129	0	0	0	13,713	156,842	0	
2VP DEVELOPMENT	(ii)	0	0	0	0	0	0	0	
RICHARD G NEWELL	(i)	319,602	62,250	690	62,250	8,016	452,808	0	
3PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0	
RAYMOND KOPP	(i)	199,893	52,375	3,090	52,375	3,565	311,298	0	
4VP, ENERGY AND CLIMATE	(ii)	0	0	0	0	0	0	0	
ANN M BARTUSKA	(i)	180,254	34,665	1,381	34,665	3,180	254,145	0	
<b>5</b> VP, LAND, WATER, AND NATURE	(ii)	0	0	0	0	0	0	0	
GREGORY R MCGOVERN	(i)	160,618	11,458	180	11,458	1,041	184,755	0	
6VP, DEVELOPMENT (THROUGH 4/2020)	(ii)	0	0	0	0	0	0	0	
ROSS KEITH VAN DER LINDE	(i)	145,587	16,349	183	16,349	5,400	183,868	0	
7VP, COMMUNICATIONS	(ii)	0	0	0	0	0	0	0	
SHANNON WULF-TREGAR	(i)	128,054	11,998	208	11,998	0	152,258	0	
8CHIEF OF STAFF	(ii)	0	0	0	0	0	0	0	
ALAN KRUPNICK	(i)	192,423	52,238	3,431	52,238	3,180	303,510	0	
gSENIOR FELLOW	(ii)	0	0	0	0	0	0	0	
DENNIS BURTRAW	(i)	161,120	43,795	2,393	43,795	8,016	259,119	0	
10SENIOR FELLOW	(ii)	0	0	0	0	0	0	0	
KAREN PALMER	(i)	159,649	43,122	2,393	43,122	4,756	253,042	0	
11SENIOR FELLOW	(ii)	0	0	0	0	0	0	0	
MARGARET WALLS	(i)	164,840	32,476	2,393	32,476	3,180	235,365	0	
12SENIOR FELLOW	(ii)	0	0	0	0	0	0	0	
JAMES BOYD	(i)	160,492	34,944	1,525	34,944	0	231,905	0	
13SENIOR FELLOW	(ii)	0	0	0	0	0	0	0	
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

### Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	PAULA YABAR RECEIVED \$57,939 FOR A SEVERANCE PAYMENT.

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of 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.

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the Organization RESOURCES FOR THE FUTURE, INC

Employer Identification Number 53-0220900

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE & ADMINISTRATION AND THE PRESIDENT AND CEO, AND MADE AVAILABLE TO THE ENTIRE BOARD PRIOR TO THE SUBMISSION TO THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM.
FORM 990, PART VI, LINE 15 -	RFF OFFICER COMPENSATION WILL BE SET ANNUALLY AS FOLLOWS: (A) THE BOARD DECIDES THE PRESIDENT'S COMPENSATION, BASED ON A RECOMMENDATION FROM THE EXECUTIVE COMMITTEE; (B) THE EXECUTIVE COMMITTEE DECIDES ALL OTHER OFFICERS' COMPENSATION, BASED ON A RECOMMENDATION FROM THE PRESIDENT. THE INTERMEDIATE SANCTIONS RULES REQUIRE THAT ALL PROPERTY TRANSFERS BE AT FAIR MARKET VALUE. PER IRS REGULATIONS, COMPENSATION IS PRESUMED A PROPERTY TRANSFER AND IS PRESUMED TO BE AT FMV IF:(1) THE COMPENSATION AGREEMENT OR TERMS OF THE TRANSFER ARE APPROVED IN ADVANCE, BY AN AUTHORIZED BODY OF THE EXEMPT ORGANIZATION, COMPOSED ENTIRELY OF INDIVIDUALS WITHOUT A CONFLICT OF INTEREST; (2) THE BOARD OR COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY IN MAKING ITS DETERMINATION; AND (3) THE BOARD OR COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION, CONCURRENTLY WITH MAKING THE DECISION. REFERRING THE THREE CRITERIA ABOVE IN THE RFF CONTEXT: (1) SALARY AGREEMENTS ARE APPROVED IN ADVANCE BY THE BOARD OR THE EXECUTIVE COMMITTEE AND NO INTERESTED PARTIES ARE INVOLVED IN SETTING THEM. (2) WE SUBSCRIBE TO A NUMBER OF SURVEYS THAT LOOK AT NONPROFIT ORGANIZATIONS AND RESEARCH ORGANIZATIONS IN WASHINGTON AND NATIONWIDE. THEY PROVIDE GOOD INFORMATION AND CAN BE RELIED ON TO JUDGE COMPARABILITY. PERIODICALLY RFF WILL ENGAGE A COMPENSATION CONSULTANT TO CONDUCT AN INDEPENDENT ANALYSIS. (3) WE PREPARE MINUTES OF ALL EXECUTIVE COMMITTEE MEETINGS WHICH REFLECT SALARY DECISIONS. MATERIALS USED BY THE COMMITTEE TO DETERMINE COMPARABILITY GOES INTO THE PERSONNEL FILES FOR THE INDIVIDUALS INVOLVED.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	RFF MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. RFF'S FINANCIAL STATEMENTS AND TAX RETURNS ARE POSTED ON OTHER NON-PROFIT WEBSITES THAT COLLECT AND POST NON-PROFIT INFORMATION.