PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0972563

Form **990** 

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	2022 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	MAR 31	, 2023	•		
В	Check if applicable	C Name of organization	D Emple	oyer identific	cation number		
	applicable			-			
	Addres change	PACIFIC ENVIRONMENT AND RESOURCES CENTER					
Ē	Name change		─ 94	-26289	24		
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite <b>F</b> Telepl	hone numbe	r		
Ē	Final return/	473 PINE STREET, THIRD FLOOR		15) 39			
	termin- ated		G Gross re		5,520,811.		
Г	Ameno		-	nis a group re			
Ē	Application			subordinates			
_	pendin	SAME AS C ABOVE			ncluded? Yes No		
$\overline{}$	Tay-aye	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or			list. See instructions		
_	Websit			up exemption			
					1 State of legal domicile: CA		
_	art I	Summary	rear or iormation	1. ± 5 0 7 N	1 State of legal doffliche, C21		
	T	Briefly describe the organization's mission or most significant activities: SCIENTIF	TC/EDIIC	י אחדרות	ON		
Governance	'	ENVIRONMENTAL ISSUES. PROTECTS THE ENVIRONME	NT OF T	HE DAC	TETC RIM RV		
nan							
Veri	2	Check this box if the organization discontinued its operations or disposed of r			ssets.		
Ó	3	Number of voting members of the governing body (Part VI, line 1a)			9		
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			29		
Activities	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	9		
ξį	6	Total number of volunteers (estimate if necessary)			0.		
Ä	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
ne			Prior `		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		6,048.	5,478,750.		
/en	9	Program service revenue (Part VIII, line 2g)		1,379.	861.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,224.	41,200.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F 25	0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,651.	5,520,811.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34	9,455.	804,269.		
		Benefits paid to or for members (Part IX, column (A), line 4)	4 24	0.	0.240.202		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,31	4,352.	2,349,303.		
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  607,581.		0.			
ă×	b b						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,132.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,45	0,939.	4,854,803.		
_	19	Revenue less expenses. Subtract line 18 from line 12		7,712.	666,008.		
Net Assets or	<u> </u>		Beginning of (		End of Year		
set	ਰੂ 20	Total assets (Part X, line 16)		0,347.	12,976,596.		
t As	<b>21</b>	Total liabilities (Part X, line 26)		1,358.	362,495.		
2	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	7,78	8,989.	12,614,101.		
_		Signature Block					
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is		
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any kn	owledge.			
Sig		Signature of officer	[	Date			
He	ere	SHANNON WRIGHT, EXECUTIVE DIR.					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN		
Pa	id	KYLE GANLEY		ıt self-employe			
Pre	eparer	Firm's name LINDQUIST, VON HUSEN & JOYCE LLP	F		4-1250261		
Us	e Only	Firm's address 301 HOWARD STREET, SUITE 850					
		SAN FRANCISCO, CA 94105	F	Phone no. (4	15) 957-9999		
Ma	av the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	SCIENTIFIC/EDUCATION ON ENVIRONMENTAL ISSUES. PROTECTS THE ENVIRONMENT
	OF THE PACIFIC RIM BY STRENGTHENING LOCAL ENVIRONMENTAL LEADERSHIP IN
	CHINA, THE ARCTIC, ALASKA, AND CALIFORNIA. WE PROVIDE PROFESSIONAL
	TRAINING AND RESOURCES TO CONSERVATION LEADERS AND ORGANIZATIONS, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 706,830 • including grants of \$ 244,600 • ) (Revenue \$ )
4a	(Code: ) (Expenses \$ 706,830 · including grants of \$ 244,600 · ) (Revenue \$)  CHINA: WE WORK WITH LOCAL PARTNERS TO REDUCE AIR AND WATER POLLUTION
	AND PROMOTE THE SUSTAINABLE USE OF NATURAL RESOURCES.
	THE INCHOLL THE DOCUMENT OF OF MITORIE REDOCKCES.
4b	(Code: ) (Expenses \$ 2,766,598 • including grants of \$ 450,000 • ) (Revenue \$
	CLIMATE: WE LEAD COALITION CAMPAIGNS AND COLLABORATE WITH LOCAL
	PARTNERS TO REDUCE CLIMATE-POLLUTING GREENHOUSE GAS EMISSIONS (GHGS) BY
	GETTING SHIPS OFF FOSSIL FUELS.
	200 422 70 660
4c	(Code: ) (Expenses \$ 380,422. including grants of \$ 79,669.) (Revenue \$ )
	MARINE: WE LEAD INTERNATIONAL CAMPAIGNS AND COLLABORATE WITH LOCAL
	COMMUNITIES TO ESTABLISH PROTECTED MARINE AREAS AND TO FIGHT THE RISING
	TIDE OF PLASTIC POLLUTION.
14	Other program convises (Describe on Schodule O.)
4d	004 054
10	4 005 001
4e	Total program service expenses 4,085,201.  Form <b>990</b> (2022)
	1 om 999 (2022)

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٠,,
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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# Form 990 (2022) PACIFIC ENVIRONMEN Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		37	
	Schedule J	23	Х	<u> </u>
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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes, " complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	1
Pa	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

# PACIFIC ENVIRONMENT AND RESOURCES CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 29		37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	37		
3a			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •	١.	v			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Х			
b	If "Yes," enter the name of the foreign country CHINA	- (FDAD)					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Adv	,	-		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 9996 T2		5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30				
ua			6a		х		
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		Ua				
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		OD				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and a contribution and a contri	vices provided to the payor?	7a		х		
	teme a management of the contract of the contr		7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?	•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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				
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	1					
а		10a	4				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	446					
	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	11a	-				
b	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-				
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				Х		
excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.				77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or 10b below, describe the circumstances, processes, or changes on schedule of see instructions.			77						
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	• • • • • • • • • • • • • • • • • • • •									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	37							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Λ	v						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401								
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA									
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	le only	) avail	ablo						
10	for public inspection. Indicate how you made these available. Check all that apply.	is oilly	, avalli	aDIC						
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial							
19	statements available to the public during the tax year.	iu iiiial	iciai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	DEANNE BRAY - 650-430-0885									
	473 PINE STREET, THIRD FLOOR, SAN FRANCISCO, CA 94104									

# 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week	box offic	, unle cer an	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	trustee		au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) ALEX B LEVINSON	40.00									
EXECUTIVE DIRECTOR		1		Х				209,892.	0.	20,174.
(2) DOMENIQUE M ZUBER	40.00									
SENIOR DIRECTOR						Х		144,451.	0.	13,218.
(3) JAMES GAMBLE	40.00									
SENIOR DIRECTOR						Х		116,396.	0.	18,528.
(4) GRACE M HEALY	40.00								_	
INTERIM SENIOR DIRECTOR						Х		121,030.	0.	7,346.
(5) MADELINE ROSE	40.00	1				l		100 202		6 555
CLIMATE CAMPAIGN DIRECTOR	40.00					Х		120,383.	0.	6,575.
(6) THANHTAM T BUI	40.00	4				,,		114 006		7 705
POLICY DIRECTOR	2 00					Х		114,826.	0.	7,725.
(7) JIM ANGELL	2.00	X						0.	0.	0
DIRECTOR	2.00	^						0.	0.	0.
(8) PETER RIGGS CHAIR	2.00	X		x				0.	0.	0.
(9) STUART KAPLAN	2.00	^		^				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(10) VAWTER "BUCK" PARKER	2.00	122						0.	0.	•
TREASURER		x		x				0.	0.	0.
(11) JOANNE SPALDING	2.00	<del> </del>						•	•	•
DIRECTOR		X						0.	0.	0.
(12) YU AIQUN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) JODIE VAN HORN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) FANNY LAM	2.00									
DIRECTOR		Х						0.	0.	0.
(15) ANGELO LOGAN	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
		-								
	-	-				-				
		1								

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	,	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	on	an	nount	of	
		week (list any	$\vdash$	CCI ai	10 0	T CCIC	) i i us	1	from	from related			other	41
		hours for	Individual trustee or director						the organization	organization (W-2/1099-MI			pensa om th	
		related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	truste	Institutional trustee		yee	mper		1099-NEC)				d relat	
		below	idual	tution	-e	Key employee	est cc loyee	Jer	,			orga	anizati	ons
		line)	Indi	Insti	Officer	Key e	Highest compensated employee	Ъm						
			1											
			-											
				-			-							
			-											
			1											
-														
			1											
									006 070			-	<u> </u>	
1b	Subtotal								826,978.		0.	/	3,5	
	Total from continuation sheets to Part VI								826,978.		0.	7	3,5	0.
	Total (add lines 1b and 1c)								<u> </u>			/	3,3	00.
2	Total number of individuals (including but n	ot limited to tr	ose	liste	ed a	bove	e) wi	no r	eceived more than \$100	0,000 of reportab	ile			10
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	ا مم	kov (	-mn	love	- A	r hio	nhest compensated emr	olovee on	Ī		100	110
Ū	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
	( <b>A</b> ) Name and business	address	NI	INC	7.				<b>(B)</b> Description of s	services	C	<b>))</b> ompe	<b>ز)</b> nsatio	n
			-11	<u> </u>	_									
								1						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation				(	0							

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Form 990 (2022) PACIFIC
Part VIII Statement of Revenue

		Check if Schedule O contains a	rocponco	or noto to any lir	oo in this Dart VIII			
		Check il Schedule O contains a	response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
					Total Tovolido		business revenue	
								sections 512 - 514
nts	1 a	Federated campaigns	1a					
3ra	b	Membership dues	1b					
s, ( Am	С	Fundraising events	1c					
a ji		Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants, and						
he	-	similar amounts not included above		478,750.				
글	g		1g \$	- ,				
کی	_	Total. Add lines 1a-1f			5,478,750.			
<del>"</del>		I Total. Add lines 1a-11		Business Code	3717077300			
	•	OTHER INCOME		900099	861.	861.		
<u>ğ</u>	2 a			900099	001.	001.		
ue ne	b							
n S	С							
Program Service Revenue	d							
<u>o</u> _	е							
۱ ۵	f	All other program service revenue .						
	g	Total. Add lines 2a-2f			861.			
	3	Investment income (including divide	ends, intere	est, and				
		other similar amounts)			41,200.			41,200.
	4	Income from investment of tax-exer	npt bond p	roceeds				
	5	Royalties						
			i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) S	Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
Ven	С	Gain or (loss) 7c						
Revenue		Net gain or (loss)						
her		Gross income from fundraising events (						
₹		including \$	of					
		contributions reported on line 1c). S	- See					
		Part IV, line 18	l l					
	b	Less: direct expenses						
		: Net income or (loss) from fundraisir						
		Gross income from gaming activitie						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming a						
		Gross sales of inventory, less return						
		and allowances	I					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of ir						
<u></u>		- 1 (1000) Month Sales Of II	· · · ·	Business Code				
ous	11 a	1		_ = = = = =				
nue	b							
Miscellaneous Revenue	c		_					
Aisc		All other revenue						
2		Total. Add lines 11a-11d						
	12	Total revenue See instructions			5.520.811.	861.	0.	41,200.

### 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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схрепаса	general expenses	схрензез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	804,269.	804,269.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	191,993.	155,515.	7,680.	28,798
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	1,811,953.	1,467,682.	72,478.	271,793
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,222.	10,709.	529.	1,984 25,457
9	Other employee benefits	169,711.	137,466.	6,788.	25,457
10	Payroll taxes	162,424.	131,563.	6,497.	24,364
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting				
d	Lobbying				
е	D ( ' 1( 1 ' ' ' ' O D ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	932,414.	755,255.	37,297.	139,862
12	Advertising and promotion	184,141.	149,154.	7,366.	27,621
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	67,835.	54,947.	2,713.	10,175
17	Travel	333,845.	270,414.	13,354.	50,077
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	411.	333.	16.	62
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,899.	9,638.	476.	1,785
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 0.)				
а	STAFF AND BOARD DEVELOP	63,093.	51,105.	2,524.	9,464
b	DUE AND SUBSCRIPTIONS	35,772.	28,975.	1,431.	5,366
С	EQUIPMENT LEASE/MAINTEN	34,361.	27,833.	1,374.	5,154
d	PRINTING AND DUPLICATIO	18,931.	15,334.	757.	2,840
е	All other expenses	18,529.	15,009.	741.	2,779
25	Total functional expenses. Add lines 1 through 24e	4,854,803.	4,085,201.	162,021.	607,581
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)				

# Form 990 (2022) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,679,217.	1	1,233,365.		
	2	Savings and temporary cash investments			950,631.	2	9,993,755.
	3	Pledges and grants receivable, net	2,412,660.	3	1,651,302.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	contributor, or 35%				
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqu					
ş		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			37,420.	9	70,127.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	61,798.			
	b	Less: accumulated depreciation	10b	45,739.	16,059.	10c	16,059.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	4,360.	15	11,988.		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	8,100,347.	16	12,976,596.
	17	Accounts payable and accrued expenses			267,595.	17	362,495.
	18	Grants payable	43,763.	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
<u> </u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	1). Complete Part X			
		of Schedule D		·····	311,358.	25	262 405
	26	Total liabilities. Add lines 17 through 25			311,330.	26	362,495.
Se		Organizations that follow FASB ASC 958, o	check he	re X			
ğ		and complete lines 27, 28, 32, and 33.			1,401,852.	07	2,067,862.
3ala	27				6,387,137.	27 28	10,546,239.
βE	28	Net assets with donor restrictions			0,307,137.	28	10,540,255.
Ξ		Organizations that do not follow FASB ASC	, 958, CI	ieck nere			
ō		and complete lines 29 through 33.	-1-			00	
ets	29	Capital stock or trust principal, or current fun				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
et/	31	Retained earnings, endowment, accumulated			7,788,989.	31 32	12,614,101.
Z	32	Total liabilities and not assets (fund balances			8,100,347.	33	12,976,596.
	33	Total liabilities and net assets/fund balances			0,100,347.	<b>ა</b> პ	12,570,590.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,8				
3	Revenue less expenses. Subtract line 2 from line 1	3		66,0				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	4,1	59,1	04.			
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	12,6	14,1	01.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2t		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		20	:				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	4	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

PACIFIC ENVIRONMENT AND RESOURCES CENTER 94-2628924 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) 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 33 1/3% 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 33 1/3% 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 section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2085895.	2610818.	2820147.	5176048.	5478750.	18171658.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2085895.	2610818.	2820147.	5176048.	5478750.	18171658.
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)						4361278.
	Public support. Subtract line 5 from line 4.						13810380.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2085895.	2610818.	2820147.	5176048.	54/8/50.	18171658.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 012	C F03	2 242	1 224	41 201	F2 102
	and income from similar sources	2,013.	6,503.	2,242.	1,224.	41,201.	53,183.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 070	-2,183.	2,038.	81,379.	861.	84,165.
	assets (Explain in Part VI.)	2,070.	-2,103.	2,030.	01,379.		18309006.
	<b>Total support.</b> Add lines 7 through 10	-1- ( ! ! ! !					<u> </u>
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-					
Sec	organization, check this box and stop etion C. Computation of Publ						<u></u>
	Public support percentage for 2022 (I			column (f))		14	75.43 %
	Public support percentage from 2021					15	61.74 %
	<b>33 1/3% support test - 2022.</b> If the co						
	<b>stop here.</b> The organization qualifies	-					
b	33 1/3% support test - 2021. If the o						
-	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-	•	viriow the organiz	
b	10% -facts-and-circumstances tes	-					
_	more, and if the organization meets the	ū				•	,
					•		
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						

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

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

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	1			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	30		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	e		
	8		
	9a		
	9b		
	OD.		
	9с		
	10a		
	. 34		
	401-		
	10b		
alut	A (Forr	n 990)	2022

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u>Caa</u>	supervised, or controlled the supporting organization.	2		Щ_
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). etion D. All Type III Supporting Organizations	1	ш	<u> </u>
500	Tion D. All Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	 )-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	$\sqcup$	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

PACIFIC ENVIRONMENT AND RESOURCES CENTER94-2628924 Page 6 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions).

8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Chack hard if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	nization (soc

5

6

7

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

6

Schedule A (Form 990) 2022

Pa	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	<u></u>
Sec	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ns 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
		(i)	/ii\	/iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

Employer identification number

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

PACIFIC ENVIRONMENT AND RESOURCES CENTER

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Organization type (check one):						
Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter hourpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$				
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 g requirements of Schedule B (Form 990).				

 $\ \, \textbf{LHA} \ \, \textbf{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# PACIFIC ENVIRONMENT AND RESOURCES CENTER

94-2628924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>2,712,710</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$636,979.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$187,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 1,023,398.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### PACIFIC ENVIRONMENT AND RESOURCES CENTER

94-2628924

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

Name of organization Employer identification number

	IC ENVIRONMENT AND RESO			94-2628924		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	through (e) and the following line entry.	or organizations			
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	charitable, etc., contributions of <b>\$1,000 or les</b> space is needed.	for the year. (Enter this info. once.)	) <b>p</b>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held		
			_			
		(e) Transfer of gift	_			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held		
			-   <del></del>			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held		
		(e) Transfer of gift				
	(e) transier of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held		
			_			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee		

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PACIFIC ENVIRONMENT AND RESOURCES CENTER

Employer identification number 94-2628924

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ommiar Funds 0	or ACCOUNTS. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a l	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	d enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) above	, ,	٠,	
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its rever	nue and expense st	tatement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's	financial statemen	ts that describes the
_	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	•	asures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
b	, .	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treat	asures, or other similar as	ssets for financial g	ain, provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

	t III Organizations Maintaining C	ollections of A								
3	Using the organization's acquisition, accession		-						•	-
3	collection items (check all that apply):	in, and other record	13, CHEC	K arry Or tire	Tollowing the	it make sig	illicant use	o or its		
а	Public exhibition	c	. 🗀	l nan or evo	hange progra	am				
		(		Other	nange progra	aiii				
b	Scholarly research Preservation for future generations	•	,	Other						
C	· ·	llections and avala	in have th	and from the are t	ha araanizati	ian'a ayamı	ot nuwnooo	in Dor	. VIII	
4	Provide a description of the organization's co							in Par	L AIII.	
5	During the year, did the organization solicit or								Yes	☐ No
Dai	to be sold to raise funds rather than to be ma									L NO
ı uı	reported an amount on Form 990, Part	•	ete ii tile	organizatio	ii answered	Tes OIIF	om 990, F	art iv,	iii le 9, oi	
10	Is the organization an agent, trustee, custodia		dian, for	contribution	o or other or	scoto not in	aludad			
ıa									Yes	□ No
<b>h</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a							🖵	⊥ res	□ NO
D	in res, explain the arrangement in Part XIII a	ina complete trie id	niowing i	lable.					Amount	
_	Designing belongs						10		7 1111001110	
	Beginning balance									
	Additions during the year						1 . 1			
_	Distributions during the year						1e			
f	Ending balance  Did the organization include an amount on Fo						<b>1f</b>		Yes	No
	If "Yes," explain the arrangement in Part XIII.					•		🖵		∐ No
Pai										
	21 2 Indominant I direct Complete ii	(a) Current year	1	rior year	(c) Two year			s back	(e) Four v	ears back
10	Beginning of year balance	(a) carrone your	(2):	nor your	(0) )	(4	<b>,</b>		(6)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships Other expenditures for facilities									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance	ant year and halan	 	a column (	)) bold oo:					
2	Board designated or quasi-endowment	•	% (IIIIe 1	g, coluitii (a	ajj Heiu as.					
a h	Permanent endowment	%								
D	Term endowment 9									
C	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ation the	at are hold a	and administs	arod for the				
Ja	organization by:	ssion of the organiz	alion inc	at are rielu a	ina auministe	ered for the			Γv	es No
									3a(i)	
	(i) Unrelated organizations									_
h	(ii) Related organizations	ione listed as requi	rod on S	chodulo P2					3a(ii) 3b	_
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		VVIIIUIII	and.						
	Complete if the organization answered		0. Part I\	/. line 11a. S	See Form 990	). Part X. lir	ne 10.			
	Description of property	(a) Cost or o			or other		umulated		(d) Book	value
	bescription of property	basis (investi		` ,	(other)	. ,	eciation		(a) Dook	value
12	Land	<del> </del>		24510	/	2.5)1				
	Buildings									
	Leasehold improvements									
	Equipment			6	1,798.		15,739	+	16	,059.
	Other				,	•	-,	+		,

Schedule D (Form 990) 2022

16,059.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	(Form 990) 2022	PACIFIC ENV	IRONMENT AND	RESOURCES	CENTER	94-2628924 Page
Part VII	Investments -	Other Securities.				
		anization answered "Yes"				
		OTY (including name of security)	(b) Book value	(c) Method of	valuation: Cost	or end-of-year market value
	held equity interests	·				
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>						
(F)						
(G)						
(H)	h) must squal Form 000	Dort V and (D) line 10.)				
Dart VIII	Investments -	Program Related.				
I alt VIII	_	anization answered "Yes"	on Form 990 Part IV line	11c See Form 990	Part X line 13	
	(a) Description of		(b) Book value			or end-of-year market value
(4)	(a) Bescription of	THE COUNTY OF TH	(b) Book value	(c) Welled of	valuation: Coot	or one or your market value
<u>(1)</u> (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990	), Part X, col. (B) line 13.)				
Part IX	Other Assets.	, , , , , , , , , , , , , , , , , , , ,				
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990	, Part X, line 15	i.
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	( )	orm 990, Part X, col. (B) lin	e 15.)			
Part X	Other Liabilitie					
	<u> </u>	anization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See For	m 990, Part X,	
1.	(a) D	escription of liability				(b) Book value
	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 25.)			

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

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** 

				ES CENTER	94-262892	
Part I Gene	eral Info	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "Y	es" on
Form	990, Part I\	/, line 14b.				
				ds to substantiate the amount of its gra		
the grantees'	eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes L No
<del>-</del>		ribe in Part V the	e organization's <sub>l</sub>	procedures for monitoring the use of its	s grants and other assistance outs	side the
United States						
3 Activities per (a) Regio		(b) Number of		an be duplicated if additional space is an interest (d) Activities conducted in the region	needed.)  (e) If activity listed in (d)	(f) Total
(a) Neglo	11	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	, , ,	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			i i i i i i i i i i i i i i i i i i i
EAST ASIA AND				PROGRAM		
PACIFIC		1			GRASSROOTS ENV.	352,058.
		_				302,000.
• • • • • • • • • • • • • • • • • • • •						350 050
		1	9			352,058.
<b>b</b> Total from co		0	0			_
sheets to Par						0.
C TOTAIS (200	แเยร งล	1	1			ı

352,058.

and 3b)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	33,817.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	36,961.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	5,180.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND PACIFIC	ENV. CONS.	20 062	WIRE TRANSFER	0.		US DOLLAR
		FACIFIC	ENV. CONS.	29,003.	WIKE IKANSFER	0.		OS DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	27,316.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	29,410.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	34,952.	WIRE TRANSFER	0.		US DOLLAR
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	6,000.	WIRE TRANSFER	0.		US DOLLAR

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

3 Enter total number of other organizations or entities

..... **>** \_\_\_\_\_\_\_13

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	990), Part II, line	1)	r age z
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMN appraisal, other)
		EAST ASIA AND						
		PACIFIC	ENV. CONS.	29,908.	WIRE TRANSFER	0.		US DOLLAR

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

### 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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) \_\_\_\_\_\_ Yes X No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 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)

Schedule F (Form 990) 2022

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

PACIFIC ENVIRONMENT AND RESOURCES CENTER

Employer identification number 94-2628924

	·		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.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			l
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		v
	The organization?	5a		X
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:	0-		х
a	The organization?	6a 6b		X
a	Any related organization?	6b		
7	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	7		х
0	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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	F		
J	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALEX B LEVINSON	(i)	209,892.	0.	0.	1,796.	18,378.		0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DOMENIQUE M ZUBER	(i)	144,451.	0.	0.	920.	12,298.		0.	
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

94-2628924

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.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PACIFIC ENVIRONMENT AND RESOURCES CENTER

Employer identification number 94-2628924

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENING LOCAL ENVIRONMENTAL LEADERSHIP IN CHINA, THE ARCTIC,

ALASKA, AND CALIFORNIA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE SEEK TO HOLD GOVERNMENTS, CORPORATIONS, AND BANKS ACCOUNTABLE FOR

THEIR ACTIONS. WITH OUR COMMUNITY PARTNERS, WE HAVE PROTECTED OLD

GROWTH FOREST AND ENDANGERED SPECIES; ENGAGED OIL, GAS, MINING, AND

TIMBER COMPANIES TO ADDRESS LOCAL CONCERNS; CLEANED UP POLLUTING

FACTORIES; AND IMPROVED SOCAL AND ENVIRONMENTAL PRACTICES AT GLOBAL

FINANCIAL INSTITUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF THE 990 IS SENT TO ALL BOARD MEMBERS, AND MANAGEMENT FOR REVIEW. QUESTIONS AND COMMENTS ARE SUBMITTED TO MANAGEMENT FOR ANSWERS OR FURTHER INVESTIGATION WITH THE PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY EMPLOYEES ARE ACQUAINTED WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND CONDUCTS A SURVEY OF SALARIES IN COMPARABLE ORGANIZATIONS.

THE EXECUTIVE DIRECTOR CONDUCTS PERFORMANCE REVIEWS AND CONDUCTS A SURVEY

Schedule O (Form 990) 2022 Page **2** 

Name of the organization PACIFIC ENVIRONMENT AND RESOURCES CENTER	Employer identification number 94-2628924
OF SALARIES IN COMPARABLE ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ARE AVAILABLE UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	755,255
MANAGEMENT AND GENERAL EXPENSES	37,297
FUNDRAISING EXPENSES	139,862
TOTAL EXPENSES	932,414
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	932,414