Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

Α	For the	e 2024 ca	lendar year, or tax year beginning		, and en				
В	Check if a	applicable:	C Name of organization ENVIRONME	NTAL PROTECTION NET	WORK	D Employe	er identification	n number	
П.	Address	change	Doing business as						
$\overline{\overline{}}$		_	Number and street (or P.O. box if mail is not	t delivered to street address)	Room/suite	82-137887	' 0		
Ш	Name ch	ange	2925 LEGATION STREET NW			E Telephor	ne number		
	Initial retu	ırn	City or town	State	ZIP code	(000) 050	0000		
_			WASHINGTON	DC	20015	(202) 656-	6229		
Ш	Final return	/terminated		province/state/county	Foreign postal of	code			
П	Amended	d return		,	0 1	G Gross re	ceipts \$	3,848,	.320
_									
Ш	Application	on pending	F Name and address of principal officer:			H(a) Is this a group return	for subordinates?	Yes X	No
			MARK HAGUE 2925 LEGATION ST	REET NW, WASHINGT	ON, DC 200	H(b) Are all subordina	tes included?	Yes	No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a l	ist. See instruct	tions	
			W.ENVIRONMENTALPROTECTION						
<u>J</u>	Website	: ۷۷۷۱		INE I WORK.ORG		H(c) Group exemption	number		
K	Form of	organizatior	n: X Corporation Trust Associ	ation Other	L Year	of formation: 2017	M State o	of legal domicile:	DC
P	art I	Su	mmary						
	1		lescribe the organization's mission or	most significant activitie	s:				
		•	CHEDULE O.	3					
9		0 00	:::::::::::::::::::::::::::::::::::::::			7			
ar									
Activities & Governance	_								
8	2	Check to		continued its operations	or disposed of	of more than 25%	1 1	sets.	
٠	3		of voting members of the governing				3		8
Š	4		of independent voting members of the				4		8
Ë	5	Total nu	ımber of individuals employed in caleı	ndar year 2024 (Part V, l	ine 2a)		5		24
₹	6	Total nu	imber of volunteers (estimate if neces	sary) .			6		650
Ğ	7a	Total un	related business revenue from Part V	/III, column (C), line 12.			7a		0
	b		elated business taxable income from				7b		
						Prior Year		Current Year	
Revenue	8	Contribu	utions and grants (Part VIII, line 1h) .		<u> </u>		55,974	3,674,	626
	9		n service revenue (Part VIII, line 2g) .		. `. `. `.		60,000		,000
Je /	10		ent income (Part VIII, column (A), line		<u>. </u>		39,575		393
è			evenue (Part VIII, column (A), lines 5,		<u>_</u>	0		,393	
_	11					0.00	ŭ		
	12		renue—add lines 8 through 11 (must equ			2,30	55,549	3,848,	
	13		and similar amounts paid (Part IX, col				0	/5,	,000
	14		paid to or for members (Part IX, colu				0		0
S	15		, other compensation, employee benefits			1,13	35,969	1,699,	,310
Expenses	16a		ional fundraising fees (Part IX, columi				0		0
be	b		ndraising expenses (Part IX, column (155,618				
ũ	17		xpenses (Part IX, colu <mark>m</mark> n (A), lines 11			38	36,809	1,308,	,956
	18	Total ex	penses. Add lines 13–17 (must equal	l Part IX, column (A), line	25)	1,52	22,778	3,083,	,266
	19	Revenu	e less expenses. Subtract line 18 fror	n line 12		84	12,771	765,	,054
or						Beginning of Curren	ıt Year	End of Year	
ets	20	Total as	sets (Part X, line 16)			2,47	75,775	3,286,	960
Ass	21				[38,511	134,	.642
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21				37,264	3,152,	
	art II		nature Block		1	•			
			y, I declare that I have examined this return, incl	uding accompanying schedules	and statements	and to the hest of my k	nowledge		
			ect, and complete. Declaration of preparer (other			•	-		
				,		·	Ü		
Siç	yn 💮	Cian	ature of officer			Date			
He	re	_			011411				
			RK HAGUE		CHAII	R			
			e or print name and title						
		Prep	parer's name	Preparer's signature		Date	Chaol:	PTIN	
Pa	id	lott	irov Criffith	Joffroy Criffith			Check if self-employed		
Pre	eparer	, jen	rey Griffith	Jeffrey Griffith		10/27/2025		P01081433	
	e Only		n's name Alta CPA Group			Firm's EIN	82-16503	12	
_	•	·	n's address 59 Franklin St 2nd Floor,	Annapolis, MD 21401		Phone no.	(410) 349-	-5101	
Ma	v the IF	RS discus	ss this return with the preparer shown					X Yes	No

Form 9	90 (2024)	ENVIRONMENTAL PROTECTION	NETWORK	82-1378870	Page 2
Pa	rt III	Statement of Program Service	Accomplishments		
		Check if Schedule O contains a re		Part III	
1	Driofly d	escribe the organization's mission:	, ,		
	•	•	OF THE MATIONIC DIDARTICAN LEO	ACY OF PROCEEDS TOWARDS	
		SSION IS TO PRESERVE AND ADVAN			
		AIR, WATER, LAND AND CLIMATE PRO			
		FORMER EPA STAFF, WHO PROVIDE		ORMER REGULATORS WITH	
		S OF HISTORICAL KNOWLEDGE AND			
2	Did the	rganization undertake any significant pro	ogram services during the year which v	vere not listed on	
	the prior	Form 990 or 990-EZ?		Yes	X No
	If "Yes,"	describe these new services on Schedul	e O.		
3		rganization cease conducting, or make s		any program	
·		?			X No
					A NO
		describe these changes on Schedule O.			
4		the organization's program service acco			
		s. Section 501(c)(3) and 501(c)(4) organ		unt of grants and allocations to others	,
	the total	expenses, and revenue, if any, for each	program service reported.		
4a	(Code:) (Expenses \$ 2,3	09,641 including grants of \$	0) (Revenue \$ 60	0,000)
		OCUSED ON BUILDING THE CAPACI		S AND THE COMMUNITIES THEY SE	RVE
		LY ADDRESS THE MOST URGENT HE			
		CES POLICIES, BUDGETS, AND INSTIT			
		TY-BUILDING TECHNICAL ASSISTANC			VIDLO
				<i></i>	0
		ZATIONS AND UNDER RESOURCED			
		ESS AND SERVES AS A CRITICAL RE		NALYSIS AND SCIENTIFIC RIGOR I	FOR
	REPOR	ERS AND OTHER STRATEGIC PARTI	NERS.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(, / , / 			/
			•••••		
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	\ -			/	/
4d	Other pr	ogram services (Describe on Schedule ())		

0)(Revenue \$

0 including grants of \$

2,309,641

(Expenses \$

4e

Total program service expenses

0)

82-1378870

Part IV

Form 990 (2024) ENVIRONMENTAL PROTECTION NETWORK

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	۳		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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		Χ
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		Χ
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	_		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		Х
Ü	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	Ť		
	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		Χ
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		Χ
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i>			
а	Schedule D. 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		Χ
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		Χ
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		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Χ	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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		Χ
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			_
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		~
19	Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Х
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	

Part	V 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		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
_	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		_
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization required, terminate, or dissolve and cease operations: If "res, complete screedile N, rant r.". Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		Χ
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par			ı	
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		\ \	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		\ \
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
g h	If the organization received a contribution of qualified intellectual property, and the organization file in one of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		È
46		40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_
47	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 activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Ves." complete Form 6069			

Part VI

Sect	ion 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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
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		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	;ode.		
			Yes	No
10a	•	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	^	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·ou	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			,
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(-)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BARBARA ELKUS (202) 656-6229			
	2025 LECATION STREET NW. WASHINGTON, DC 20045			

870	1	Page	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.
- 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.

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

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

y related organiz	alion	COI	iipc	IISa	icu ai	ıy C	unterit officer, di	ector, or trustee	•
(C)									
(B)							(D)	(E)	(F)
Average									Estimated amount
				lirect	or/truste				of other compensation
(list any	or ndi	ng	₽	é	amp Tigh	₽ Pir	organization (W-2/	organizations (W-2/	from the
hours for	irec id	Ē.	ğ	em	est	ner	1099-MISC/	1099-MISC/	organization and
	to a) Sa		9	ee cor		1099-NEC)	1099-NEC)	related organizations
below	rust	1		yee	npe				
dotted line)	ee	ste			SSU				
		Ф			ated				
40.00									
			Χ				198,269	0	18,614
40.00									
0.00					Χ		102,948	0	31,339
40.00									
0.00				Х			117,487	0	14,073
5.00									
0.00	Χ		Χ				0	0	0
1.00									
0.00	Χ						0	0	0
+	1								
	-						0	0	0
+	1								
							0	0	0
+	1								
		<u> </u>					0	0	0
+	1								
	Х						0	0	0
+									
	_						0	0	0
+	1								
0.00	Х	<u> </u>					0	0	0
	Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 40.00 40.00 5.00 1.00 4.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 5.00 0.00 5.00 0.00 5.00 0.00 5.00 0.00 5.00 0.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 40.00 40.00 5.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X	Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 40.00 0.00 40.00 0.00 X 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 40.00 0.00 5.00 0.00 X 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 40.00 0.00 40.00 0.00 X 1.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 40.00 0.00 X 40.00 0.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 0.00 0.00 0.00 X 40.00 0.00 X 40.00 0.00	Compensation Comp	C Average hours per week (list any hours for related organizations below dotted line) C C

Form **990** (2024)

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	cated Employees (continued)						
						C)										
	(A)	(B)	Position (B) (do not check more than one (D) (E)						(E)			(F)				
	Name and title	Average					is both	n an Reportable Repo					ated amo	ount		
		hours per week				Tecto	or/truste	ee) Ti	compensation from the	compensati from relate			of other opensatio	n		
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ighe mplo	orm	organization (W-2/ 1099-MISC/	organizations (rom the nization a	nd		
		related	dual	ıtion	"	ldmi	st co	e,	1099-NEC)	1099-NEC			organiza			
		organizations below	trus	al tr		oye	omp									
		dotted line)	tee	uste		(D	ensa									
				æ			Highest compensated employee									
(15)			1						4		+					
7777																
(16)																
(17)																
								1								
(18)																
(40)			<u> </u>													
(19)																
(20)																
(20)																
(21)				4							-					
-XZ-																
(22)			^				•									
(23)		<u> </u>														
		· ·	X													
(24)																
(25)																
46	Cultatal		1						440.704		0		C 4	000		
1b c	Subtotal			•		•			418,704 0		0		04	,026 0		
d	Total (add lines 1b and 1c)				•				418,704		0		64	.026		
2	Total number of individuals (including but not li							ved		000 of	U		0-	,020		
_	reportable compensation from the organization		iou c	1001	o, .	•110	10001	vou	more man proc	,000 01				3		
												ĺ	Yes	No		
3	Did the organization list any former officer, dire	ector, trustee, ke	y em	ploy	ee,	or h	nighes	st co	ompensated							
	employee on line 1a? If "Yes," complete Scheo	lule J for such in	dividu	ıal .			· .				. [3		Χ		
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd c	other	con	npensation from							
	the organization and related organizations great								•	'n						
	individual											4	Χ			
5	Did any person listed on line 1a receive or accr	rue compensatio	n fror	n ar	ıy u	nrel	ated o	orga	anization or indiv	idual						
	for services rendered to the organization? If "Y											5		Χ		
Sect	ion B. Independent Contractors															
1	Complete this table for your five highest compe															
	compensation from the organization. Report co	mpensation for t	the ca	alen	dar	yea	r end	ing	with or within the	organization	on's t	ax ye	ar.			
	(A)								(B)			(C)				
	Name and business add		- ·	· T 0					Description of serv		C	ompen		=00		
		OAD TUNBRIDO					_		OFESSIONAL S					,500		
TRC		82 PITTSBURG	_				_		OFESSIONAL S					,861		
IVIAI	THEW HARRUP 2 MILL LANE F	OKTON, SUME	NOE	ı, U	ınte	u N	irigad	۲K	OFESSIONAL S	EKVICES			128	,597 0		
							-+							0		
2	Total number of independent contractors (inclu	ding but not limit	ted to	tho	se I	iste	d abი	ve)	who received					J		
	more than \$100,000 of compensation from the	_					3	.,								

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			🔲
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						2401100010101	sections 512–514
ts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
, G	С	Fundraising events 1c	0				
ifts Ir A	d	Related organizations 1d	0				
s, G nila	е	Government grants (contributions) <u>1e</u>	0				
ons	f	, 6 , 6 ,					
outi her		similar amounts not included above 1f	3,674,626				
trik Otl	g	Noncash contributions included in					
Son Ind		lines 1a–1f 1g					
	h	Total. Add lines 1a–1f		3,674,626			
e e			Business Code				
Program Service Revenue		CONSULTING INCOME	900099	60,000	60,000		
	b			0			
n S ′en	C			0			
rar ?e∖	d			0			
J O	e	All all		0			
<u>P</u>	T	All other program service revenue		60,000			
	<u>g</u> 3	Total. Add lines 2a–2f		60,000			
	3	other similar amounts)		53,393			53,393
	4	Income from investment of tax-exempt bond pro		0,393			33,390
	5	·		0			
		Royalties	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a		(ii) Other				
		sales of assets					
		other than inventory 7a 0	0				
ne	b	Less: cost or other basis					
'en		and sales expenses 7b 0	0				
Revenue	С	Gain or (loss) 0	0				
۶r F	d			0			
Othe	8a	Gross income from fundraising					
0		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from fundraising events .		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses		0			
		Gross sales of inventory, less		0			
	ıva	returns and allowances	0				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		0			
S		The modified from the first from the	Business Code	0			
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	60,301	60,301		
scellaneo Revenue	b			0			
ell: eve	С			0			
isc	d	All other revenue		0			
Σ	е	Total. Add lines 11a-11d		60,301			
	12	Total revenue Con instructions		2 040 220	120 201	l 0	E2 202

Form 990 (2024)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·		·				
	and domestic governments. See Part IV, line 21	75,000	75,000						
2	Grants and other assistance to domestic	·	·						
	individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,	<u> </u>							
	trustees, and key employees	482,730	377,364	65,906	39,460				
6	Compensation not included above to disqualified	402,700	377,004	00,300	00,400				
·	persons (as defined under section 4958(f)(1)) and			·					
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	970,183	792,465	97,166	80,552				
8	Pension plan accruals and contributions (include	370,103	7 32,403	37,100	00,002				
O	section 401(k) and 403(b) employer contributions)	23,619	340	23,279					
9	Other employee benefits	95,763	58,938	28,312	8,513				
	Payroll taxes	127,015	96,274	,	8,993				
10	-	127,015	90,274	21,748	0,993				
11	Fees for services (nonemployees):	117 500		117 500					
a	Management	117,500	100	117,500					
b	Legal	9,393	100	9,293					
C	Accounting	9,200		9,200					
d	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column		225 222	407.504	40.400				
	(A), amount, list line 11g expenses on Schedule O.)	780,717	635,036	127,581	18,100				
12	Advertising and promotion	0		/					
13	Office expenses	134,566	75,133	59,433					
14	Information technology	128,597	127,817	780					
15	Royalties	0							
16	Occupancy	0							
17	Travel	90,155	42,916	47,239					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	1,432		1,432					
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а	DUES AND SUBSCRIPTIONS	17,580	17,383	197					
b	EVENT EXPENSES	19,816	10,875	8,941					
С		0							
d		0							
е	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	3,083,266	2,309,641	618,007	155,618				
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)								

82-1378870

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,702,283 84,782 2 2 2,749,586 3 773,492 3 452,592 4 0 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 0 Assets 0 7 0 ō 8 0 8 0 0 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D h Less: accumulated depreciation 10b 0 10c 0 Investments—publicly traded securities 0 11 0 11 0 12 0 12 Investments—other securities. See Part IV, line 11 . . . 13 0 13 0 Investments—program-related. See Part IV, line 11... 0 14 0 14 15 Other assets. See Part IV, line 11 0 15 0 16 2,475,775 16 3,286,960 Total assets. Add lines 1 through 15 (must equal line 33) 88,511 17 Accounts payable and accrued expenses 17 134,642 18 Grants payable 0 18 19 19 Deferred revenue 0 0 20 0 20 0 21 0 0 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 0 23 23 0 Unsecured notes and loans payable to unrelated third parties 0 24 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 26 Total liabilities. Add lines 17 through 25 88,511 134,642 **Net Assets or Fund Balances** Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions . . . 1.510.828 1.884.647 27 27 876.436 28 1,267,671 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 0 29 0 Paid-in or capital surplus, or land, building, or equipment fund 30 0 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 0 31 0 32 2,387,264 32 3,152,318 Total liabilities and net assets/fund balances . 2.475.775 33 3,286,960

Form 990 (2024)

2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Doth consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

<u>ENV</u>	<u>IRC</u>	NMENTAL PROTECTION NET	WORK				82-13	78870	
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundat	on because it is: (F	or lines 1 through 12, o	check only	one box.)		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(I	b)(1)(A)(ii	i).		
4		A medical research organizatio	-		-			ter the	
•		hospital's name, city, and state	•						
5		An organization operated for th		e or university owned	or operate	d by a go	vernmental unit desc	cribed in	
·	_	section 170(b)(1)(A)(iv). (Com		o or univolvity owned	or operate	d by a go	Commenter and desc	nibod iii	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organiz	zation described in s	section 170(b)(1)(A)(i	x) operate	d in conju	nction with a land-gr	ant college	
		or university or a non-land-gran	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or	
40		university:		00.4/00/_ 5:1					
10		An organization that normally re receipts from activities related t							
		support from gross investment							
		acquired by the organization af							
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).		
12		An organization organized and	operated exclusivel	y for the benefit of, to	perform th	e function	s of, or to carry out t	he purposes o	of
		one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	i09(a)(3).	
а		Type I. A supporting organiz	ation operated, sup	ervised, or controlled b	oy its supp	orted orga	anization(s), typically	/ by giving	
		the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a					
b		Type II. A supporting organiz	zation supervised or	r controlled in connecti	on with its	supporte	d organization(s), by	having	
		control or management of th			ime perso	ns that co	ntrol or manage the	supported	
		organization(s). You must c					16 (1 11 1		
С		Type III functionally integral its supported organization(s)						rated with,	
d		Type III non-functionally in						anization(s)	
ŭ		that is not functionally integr	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att	entiveness	
		requirement (see instruction							
е		Check this box if the organiz					Type I, Type II, Typ	e III	
		functionally integrated, or Ty							0
f		Enter the number of supported Provide the following information	-						0
g		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount	of
	.,		, , ,	(described on lines 1–10	listed in you	ır governing	support (see	other support	
				above (see instructions))	docur	ment?	instructions)	instructions	5)
					Yes	No			
(A)									
` ,		*							
(B)									
(C)									
/D)									
(D)									
(E)									
(L)									
Tota							0		0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	652,849	495,671	1,940,296	2,265,974	3,674,626	9,029,416
2	Tax revenues levied for the						
	organization's benefit and either paid					•	
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	652,849	495,671	1,940,296	2,265,974	3,674,626	9,029,416
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)						
6	Public support. Subtract line 5 from line 4				7		9,029,416
	tion B. Total Support				7		2,020,110
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	652,849	495,671	1,940,296	2,265,974	3,674,626	9,029,416
8	Gross income from interest, dividends,	002,010	100,01	1,010,200	2,200,011	0,011,020	0,020,110
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				39,575	53,393	92,968
9	Net income from unrelated business				33,373	33,333	92,300
9	activities, whether or not the business is						
	regularly carried on						0
10	• •						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)				60,000	120 201	100 201
					60,000	120,301	180,301
11	Total support. Add lines 7 through 10.					40	9,302,685
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here			•	. , , ,		
	•						
Sec	ction C. Computation of Public Su					 	
14	Public support percentage for 2024 (line 6, c		•	. , ,		14	97.06%
15	Public support percentage from 2023 Sched					15	98.36%
16a	33 1/3% support test—2024. If the organiz						
	and stop here. The organization qualifies as	a publicly support	ed organization .				X
b	33 1/3% support test—2023. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			
17a	10%-facts-and-circumstances test—2024	I. If the organization	n did not check a b	oox on line 13, 16a,	or 16b, and line 1	4	
	10% or more, and if the organization meets to						
	Part VI how the organization meets the facts						•
	organization						
b	10%-facts-and-circumstances test—2023	3. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m			•			
	in Part VI how the organization meets the fac		-	•			
	organization						
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						

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

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

Sec	tion A. Public Support			, i	7		
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513					7	0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
Ĭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				7)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from	U	9	, 0	0	0	0
Ū	line 6.)						0
Sec	tion B. Total Support		X			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
r	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	, i			Ŭ		
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or)					
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here						
Sac	tion C. Computation of Public Su						· · · · · <u>L</u>
15	Public support percentage for 2024 (line 8, c			(f))		15	0.00%
	Public support percentage from 2023 Sched	. ,	•	. ,,		16	0.00%
	tion D. Computation of Investmer					'	
17	Investment income percentage for 2024 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2023 Se					18	0.00%
19a	33 1/3% support tests—2024. If the organi						
	not more than 33 1/3%, check this box and s	-			-		<u>L</u>
b	33 1/3% support tests—2023. If the organi						ī
20	line 18 is not more than 33 1/3%, check this Private foundation . If the organization did it		_				-
20	i iivate iounuation. Ii the organization did i	IOL CHECK A DOX OIL	1 -1 , 13d, UL 19	D, UHEUN HHS DUX 8	แนง จออ เมอเเนยเเยเร		

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

- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
4.5		
10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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,	44-	ı	l
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Occin	31 B. Type I dupporting 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,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1.4	
			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			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
	211 217 th Type in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	c)	
a	The organization satisfied the Activities Test. Complete line 2 below.	icuon	3).	
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		. ,		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ions).		ı
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	Za		
~	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		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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.	3b		Ī

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi		. , ,	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1 d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally	inte	egrated Type III supporting	organization (see
instructions).			

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2024 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	I	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2024	ii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 0			
<u> </u>	From 2020 0			
С	From 2021 0			
d	From 2022			
<u>e</u>	From 2023			
f	Total of lines 3a through 3e	0		
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2024 distributable amount			0
- !	Carryover from 2019 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2024 distributable amount			0
c	Tromandor. Captact med la arta ib nominio i.	0		
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
е	Excess from 2024 0			

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

SCHEDULE D (Form 990)

(Rev. December 2024)

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	ame of the organization Employer identification number					
ENVI	RONMENTAL PROTECTION NETWORK		82-1378870			
Part		Advised Funds or Other Similar Fun				
	Complete if the organization answere					
	•	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		•			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dono	or advisors in writing that the assets held 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	s, and donor advisors in writing that grant fo	inds can be used			
	only for charitable purposes and not for the ben		y other purpose			
	conferring impermissible private benefit?		Yes No			
Part	Conservation Easements					
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (for example	e, recreation or education) Preservatio	of a historically important land area			
	Protection of natural habitat	Preservation	n of a certified historic structure			
	Preservation of open space	•				
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a conservation			
	easement on the last day of the tax year.	ir riola a qualifica cortes valor corta ibalion	Held at the End of the Tax Year			
а	Total number of conservation easements		. 2a			
b	Total acreage restricted by conservation easem	nents	2b			
C	Number of conservation easements on a certific		2c			
d	Number of conservation easements included or					
	not on a historic structure listed in the National		2d			
3	Number of conservation easements modified, to	ransferred, released, extinguished, or termi	nated by			
	the organization during the tax year					
4	Number of states where property subject to cor					
5	Does the organization have a written policy reg					
	violations, and enforcement of the conservation					
6	Staff and volunteer hours devoted to monitoring	g, inspecting, handling of violations, and en	forcing			
	conservation easements during the year					
7	Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforcing				
_	conservation easements during the year		\$			
8	Does each conservation easement reported on	line 2d above satisfy the requirements of s				
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization report					
	sheet, and include, if applicable, the text of the fo	<u> </u>	ents that describes the			
Part	organization's accounting for conservation ease Organizations Maintaining Collecti		Other Similar Assets			
r ai i	Complete if the organization answere		Other Sillinal Assets			
1a	If the organization elected, as permitted under I		statement and halance sheet			
	works of art, historical treasures, or other similar					
	public service, provide in Part XIII the text of the	•				
b	If the organization elected, as permitted under I					
-	of art, historical treasures, or other similar asse	•				
	service, provide the following amounts relating	•	· F			
	(i) Revenue included on Form 990, Part VIII, lir		\$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art					
	following amounts required to be reported under		<u> </u>			
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	\$			
b	Assets included in Form 990, Part X					

Part	Organizations Maintaining Coll							
3	Using the organization's acquisition, acces	sion, and other records	s, check any	of the following	that make significant	use of it	.S	
	collection items (check all that apply).	_						
а	Public exhibition	d	Loan or	exchange prog	ram			
b	Scholarly research	е [Other					
С	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and explair	n how they fu	rther the organ	ization's exempt purpo	ose in Pa	art	
5	During the year, did the organization solici assets to be sold to raise funds rather than					□ v /	es 🗌	No
Dowl		-	art or the org	janization's con	ection?		.5	NO
Part	Complete if the organization answ 990, Part X, line 21.		n 990, Part	IV, line 9, or	reported an amoun	t on Foi	m	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?		-		er assets not	☐ Ye	es 🗀	No
b	If "Yes," explain the arrangement in Part X					ш.,	~	
	, ,	,	Ü			Amount		
С	Beginning balance				1c			0
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance		,		1f			0
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escr	ow or custodial	account liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part X			_	•			
Part			7	'				
ı aıt	Complete if the organization answ	vered "Yes" on Forn	n 990 Part	IV line 10				
			Prior year	(c) Two years ba	ck (d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4, 1111) 1111	(4)	(0): 1	,	
b	Contributions	Ŭ						
c	Net investment earnings, gains,							
·	and losses							
d	Grants or scholarships	*						
e	Other expenditures for facilities							
C	and programs							
f	Administrative expenses							
	End of year balance	0	0		0	0		0
g 2	Provide the estimated percentage of the	Ů		Jump (a)) hold (U		- 0
a	Board designated or quasi-endowment	%	e (iiile 19, ce	diffit (a)) field a	33.			
b	Permanent endowment	%						
c	Term endowment %							
·	The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a	Are there endowment funds not in the poss		ation that are	held and admir	nistered for the			
ou	organization by:	session of the organize	ation that are	noid and admin	ilistered for the		Yes	No
	(i) Unrelated organizations					3a(i)	103	110
	.,					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ					3b		
4	Describe in Part XIII the intended uses of t	•				36		
Part			Williont land					
ıaıı	Complete if the organization answ		n 990 Part	IV line 11a	See Form 990 Par	t X line	10	
	Description of property	(a) Cost or other basis		or other basis	(c) Accumulated		ook value	•
	2000paori oi proporty	(investment)	` '	other)	depreciation	(4) 0	+uiuc	-
1a	Land	·	0	0				0
b	Buildings		0	0	0			0
c	Leasehold improvements		0	0	0			0
d	Equipment		0	0	0			0
e	Other	1	0	0	0			0
Total								<u> </u>

Part VII Investments—Other Securities Complete if the organization answered "	Yes" on Form 990.	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	· ·
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		<u> </u>
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	
Part VIII Investments—Program Related Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		*
(5)		
<u>(6)</u>		*
(7)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	
Part IX Other Assets		
	Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descrip		(b) Book value
(1)		
(2)		
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (D))	
Part X Other Liabilities	Л. (D))	
Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
line 25. (a) Description	on of liability	(b) Book value
(1) Federal income taxes	on or maximity	(b) book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, co		
2. Liability for uncertain tax positions. In Part XIII, provide the tex	t of the footnote to the o	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 .

Х

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	2.040.220
1	Total revenue, gains, and other support per audited financial statements	1	3,848,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b			
С	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-	
d	\	_	_
е	3	2e	0
3	Subtract line 2e from line 1	3	3,848,320
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b			
С		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,848,320
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,083,266
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,083,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,083,266
Part	t XIII Supplemental Information		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	rt V, line	4; Part X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		
Part 2	X Line 2 THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE	_	
	· 		
	TION 501(C)(3). IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION		
	TION 501(C)(3). IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION T IS NOT A PRIVATE ORGANIZATION UNDER SECTION 509(A)(1). THE FEDERAL FORM 990, RETURN	 I	
	T IS NOT A PRIVATE ORGANIZATION UNDER SECTION 509(A)(1). THE FEDERAL FORM 990, RETURN		
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SER	T IS NOT A PRIVATE ORGANIZATION UNDER SECTION 509(A)(1). THE FEDERAL FORM 990, RETURN		
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ENVIRONMENTAL PROTECTION NETWORK	82-1378870	Page 5
Part XIII Supplemental Information (continued)		

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SCHEDULE I (Form 990)

Rev. December 2024)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identific	cation number
ENVIRONMENTAL PROTECTION NETWORK					82-	82-1378870	
Part I General Information on Grants and Assistance							
 Does the organization maintal and the selection criteria use Describe in Part IV the organ 	d to award the g	rants or assistance	?			rassistance, 	Yes X No
 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAWYERS FOR GOOD GOVERN 6218 GEORGIA AVENUE NW STE 5	81-4543775	501 (C)(3)	75,000			GENERAL PURPOSE	
(2)							
(3)							
(4)							
(5)			10				
(6)							
(7)		1.1) `				
(8)							
(9)	10	U					
(10)							
(11)							
(12)							
2 Enter total number of section	. , . ,	•		1 table			1

ENVIRONMENTAL PROTECTION NETWORK 82-1378870 Schedule I (Form 990) (Rev. 12-2024) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ENVIRONMENTAL PROTECTION NETWORK 82-1378870 **Questions Regarding Compensation** Yes No 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 Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 2 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: 4a 4b 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? 5a Χ Any related organization? . . . Χ 5b If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? 6a Any related organization?. 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)? . .

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			, , , ,			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred benefit compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MICHELLE ROOS	(i)	198,269	0	0	7,931	10,683	216,883	0
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0			
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							_
7	(ii)							
	(i)		*	A				_
8	(ii)			J				
	(i)							_
9	(ii)							
-	(i)							
10	(ii)) ×					
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)	 						
	(i)							
15	(ii)	<u> </u>						
	(i)							
16	(ii)	 						
	()	1						

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
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.
V

SCHEDULE O

(Form 990)

(Rev. December 2024) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **ENVIRONMENTAL PROTECTION NETWORK** 82-1378870 Form 990, Part I, Line 1: ORGNIZATION MISSION: OUR MISSION IS TO PRESERVE AND ADVANCE THE NATION'S BIPARTISAN LEGACY OF PROGRESS TOWARDS CLEAN AIR, WATER, LAND AND CLIMATE PROTECTION FOR ALL AMERICANS BY HARNESSING THE EXPERTISE OF 650+ FORMER EPA STAFF, WHO PROVIDE THE UNIQUE PERSPECTIVE OF FORMER REGULATORS WITH DECADES OF HISTORICAL KNOWLEDGE AND SUBJECT MATTER EXPERTISE. Form 990, Part VI, Section B, Line 11B: BOARD WILL BE REVIEWED BY THE BOARD Form 990, Part VI, Section B, Line 12C: THE POLICY IS REVIEWED WITH BOARD MEMBERS ON AN ANNUAL **BASIS** Form 990, Part VI, Section C, Line 19: DOCUMENTS AVAILABLE UPON REQUEST Form 990, Part IX, Line 11G: OTHER PROFESSIONAL FEES CONSIST OF ENVIRONMENTAL CONSULTANTS AND **GRANT WRITING SUPPORT**