EXTENDED TO NOVEMBER 15, 2021

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.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

B	Check if applicable	C Name of organization INSTITUTE FOR ENERGY ECONOMICS AND	D Employer identific	cation number							
	Addres	S									
	Name change		45-42446	0.5							
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/st									
	Final return/	14900 DEMPOTE AVE									
-	termin- ated		G Gross receipts \$								
	Amend		H(a) Is this a group re								
	Application			? Yes X No							
	pendin	[4] [1] - '	0 7 H(b) Are all subordinates in								
1	Tax-exe			list. See instructions							
		e: ► WWW.IEEFA.ORG	H(c) Group exemption								
			ear of formation: 2011 M								
		Summary	out of formation. 2011	Otato or logal dollhollo, 2222							
		Briefly describe the organization's mission or most significant activities: TO ACCEL.	ERATE THE TRAI	NSITION TO							
Activities & Governance		A DIVERSE, SUSTAINABLE AND PROFITABLE ENERGY									
rna		Check this box if the organization discontinued its operations or disposed of m		sets.							
ove		Number of voting members of the governing body (Part VI, line 1a)	T T	7							
ŏ		Number of independent voting members of the governing body (Part VI, line 1b)		7							
SS		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		9							
ijį		Total number of volunteers (estimate if necessary)		10							
Ę,	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.							
V		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.							
			Prior Year	Current Year							
en.	8 (Contributions and grants (Part VIII, line 1h)	3,556,120.	7,621,743.							
Revenue		Program service revenue (Part VIII, line 2g)	97,414.	114,000.							
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	14,044.	11,018.							
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,053.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,667,578.	7,748,814.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,000.	73,437.							
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	509,518.	688,074.							
nse		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25) 319,765.		ALCO DE LA RESTRICTOR DE LA CONTROL DE LA CO							
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,074,358.	4,776,022.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,618,876.	5,537,533.							
	19	Revenue less expenses. Subtract line 18 from line 12	48,702.	2,211,281.							
Vet Assets or und Balances			Beginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)	3,712,486.	6,519,776.							
ASB	21	Fotal liabilities (Part X, line 26)	1,258,553.	1,854,562.							
ESE.	22 1	Net assets or fund balances. Subtract line 21 from line 20	2,453,933.	4,665,214.							
Pa	art II	Signature Block									
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is							
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.								
Sig	n	Signature of officer	Date								
Her	e	ALEXANDRA BUCHANAN, EXECUTIVE DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check if	PTIN							
Paid		NICHOLAS D. VALENTINO	self-employe								
		Firm's name MILLS, POTOCZAK & COMPANY	Firm's EIN .	34-1664751							
Use	Only	Firm's address 27600 CHAGRIN BLVD., SUITE 200									
_		CLEVELAND, OH 44122	Phone no. (2:	16) 464-7481							
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No							

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ Total program service expenses

4,787,641.

Form 990 (2020)

4e

) (Revenue \$

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?	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 during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		-21
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	H		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
u	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		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		722	
45	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7,7
47	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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17_		- 21
मान्यतः स	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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	X	I

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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	Viene		
24.5	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		_
	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	ZTU		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	S1981 - 1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		E.	
	instructions, for applicable filing thresholds, conditions, and exceptions):	1.0	Tale d'u	v. Pilin
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			**
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	-	
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		х
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			
	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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25377		
26	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?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
0,	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 in Schedule O for Part VI, lines 11b and 19?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		- 00		
	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	is in	Time	-1-5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	8 W		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		80.6	
	(gambling) winnings to prize winners?	1c	X	
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FINANCIAL ANALYSIS INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
		a 9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	varring same same same same								
3a			3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut									
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a		X					
b	If "Yes," enter the name of the foreign country	76 Incomes Mess		l al						
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco		5a		х					
b	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 									
C	If "Ves" to line 53 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction for the line 53 or 5b, did the organization file Form 9996 TO	on?	5b		X					
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization than		5c							
ou					v					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		X					
~	were not tax deductible?		- Ch							
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	6b		_					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		- 21					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a		7.5							
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7	d	e I	ATE.	riper.					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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.		130							
а			9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	WISS-OF						
10	Section 501(c)(7) organizations. Enter:	. 1		10.480						
a	Initiation fees and capital contributions included on Part VIII, line 12		s fre	15						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities)b	2 3	A. 100						
11	Section 501(c)(12) organizations. Enter:	Ï								
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	a		41.4						
	The state of the s	in la	ш ¹³ .							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		100	5 344						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 1	12a	84-17	105-					
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1						
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.		100	J. Pari						
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 13	b	3.0	V.53						
С	Enter the amount of reserves on hand	lc								
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	***************************************	15		_X_					
0.55	If "Yes," see instructions and file Form 4720, Schedule N.		77,00	100 1300						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X					
	If "Yes," complete Form 4720, Schedule O.		200	171						

45-4244605 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			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	7	103	140
	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 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer director twister and less complete and	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_X_
~	of officers, directors, trustees, or key employees to a management company or other person?	_		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			100000
6	Did the association have some been as at all all and			X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		
14		-		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		_X_
J	named after the discounting to 1.0	71		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
а		0-	v	
b			X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	_		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		_X_
	tion 2.1 choice (mis section b requests information about policies not required by the internal nevertibe code.)		V	NI.
10a	Did the organization have local chapters, branches, or affiliates?	10-	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	401		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	v	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х	_
		40-	v	
13	in Schedule O how this was done Did the organization have a written whichlehouse policy?		X	_
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
15		14	Λ	2
13	Did the process for determining compensation of the following persons include a review and approval by independent	is he		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The graphization's CEO Executive Director or top management official.	46	v	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Λ	U(E, F)
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1011	F 7.	
ioa	The second of th	40-		v
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	31.00	_X_
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.785	130	
	exempt status with respect to such arrangements?	16h		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MA, OH, CA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s only	l avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.	(a)a only	, avail	able
	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, a	and fine	oial	
	statements available to the public during the tax year.	uiu iinar	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALEXANDRA BUCHANAN - 216-712-6612			
	14900 DETROIT AVE. #206, LAKEWOOD, OH 44107			
	TATO!		000	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c	Pos check ess pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALEXANDRA BUCHANAN	40.00									
EXECUTIVE DIRECTOR/SECRETA				X				197,450.	0.	20,564.
(2) VIVIENNE HESTON	40.00							19 200 500 100 100 100	201	
STRATEGIC COMMUNICATION DI					_	X		127,188.	0.	15,293.
(3) SARAH WEEKS	40.00							0.50 9500.00	_	
DIRECTOR OF FINANCE & ADMINISTRATION				X	_	_		61,484.	0.	11,648.
(4) LARRY SHAPIRO	5.00									
PRESIDENT		X		Х	_			0.	0.	0.
(5) ERIC SCHAEFFER	1.00								120	
TREASURER	1 00	X		X				0.	0.	0.
(6) MARK COLON	1.00								_	
DIRECTOR	1 00	X	_					0.	0.	0.
(7) CHRIS MEYER	1.00	77								•
DIRECTOR	1 00	X			_	-	_	0.	0.	0.
(8) SERGIO KNAEBEL	1.00	37								•
DIRECTOR	1.00	X	-	\vdash				0.	0.	0.
(9) SARAH BRENNAN	1.00	х		х				0.	0.	0
VICE PRESIDENT (10) INGRID VILA	1.00	Δ	_	Δ				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
									Ų.	0.
									,	

Form 990 (2020)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do			itior more) than	one	Reportable	Reportable				ted
		hours per week					is bot or/trus		20 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	compensatio			noun	
		(list any	tot						from the	from related organization			othe	er sation
		hours for	e dire	-			ted		organization	(W-2/1099-MIS			om t	
		related organizations	istee c	truste			pensa		(W-2/1099-MISC)		organiza			
		below	ual tri	ponal		píoye	t com						d rela	
		line)	ndividual trustee or director	institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	anıza	tions
-			_				12.0				-			
			1											
									_					
				_										
-					_		-				_			
			l											
												_		
											_			
1h	Subtotal								386,122.		0.	1	7 1	505.
	Total from continuation sheets to Part V								0.		0.	4	1,	0.
	Total (add lines 1b and 1c)								386,122.		0.	4	7.5	505.
	Total number of individuals (including but r									,000 of reportabl			. , .	,,,,
	compensation from the organization						1971							2
											r		Yes	No
3	Did the organization list any former officer,			ey e	mp	loye	e, or	hig	hest compensated emp	loyee on		July		S CUIL
1.2	line 1a? If "Yes," complete Schedule J for s								***************************************			3	TI-T at	X
4	For any individual listed on line 1a, is the su								M = 0 (2)		1	1	1	A Charles
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4	X	1
3	rendered to the organization? If "Yes," com											5		x
Sect	ion B. Independent Contractors	piete ocheduk	501	UI SC	icii	pers	OII .	*****	***************************************			5		_ A
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of com	ipensa	ation f	rom	
	the organization. Report compensation for													
	(A)	20.51							(B)			(0	;)	
	Name and business								Description of s	ervices	Co	ompe	nsati	on
	X INVESTMENT MGT. PTY					2020		- 1	RESEARCH, CO	NSULTING				
	ERALLAN AVE., WEST PYI		JST	'RA	IL]	ΙA		-	SERVICES			96	7,	769.
T.R. ROSE ASSOCIATES, LTD. RESEARCH, REPORTS, 45 PATRIOTS PLACE, KINGSTON, NY 12401 TESTIMONY & ADVICE									40		264			
								-f	TESTIMONY & .	ADVICE		48	8,0	064.
SCHLISSEL TECHNICAL CONSULTING, INC. 45 HORACE ROAD, BELMONT, MA 02478 TECHNICAL SERVICES										31	2 -	196.		
GOOD WORLD COMMUNICATIONS MEDIA RELATION										JI	4,.	190.		
	N. FULLERTON AVE., MO		۲,	NJ	т (70	042		SERVICES			26	5.3	215.
	NMAR PUBLIC POLICY RE									NSULTING			- / -	
135	EASTERN PARKWAY, 13K	, BROOKI	IY.	١,	N	7 1	112	33	SERVICES			20	3,3	328.
2	Total number of independent contractors (i		ot lir	nite	d to			sted	d above) who received m	ore than	1	May.	in The	14.5
	\$100,000 of compensation from the organic	zation -				1 1	₹ .							

Form 990 (2020)

Form 990 (2020) FINANCIA
Part VIII | Statement of Revenue

		Check if Schedule O c	ontair	ns a respo	onse or	note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a				-		
ara our		Membership dues						5-1	=:	
S, C		Fundraising events						12 Sept. 10		
ar ar		Related organizations								
S,E		Government grants (contri					and the second	Carlotte et	Sec. 111.	
Sign		All other contributions, gifts, g		7.50					- 3 Y 12, "F 4,	100
her	÷	similar amounts not included			7 6	21,743.				71.3
₹5				100		21,743.	400 5 40 150 5 5 5		T. E. 14 M	7.30
55	g					Þ	7 621 742	The state of the state of	1 18 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u> </u>	- 11	Total. Add lines 1a-1f				Business Code	7,621,743.			
.	_	DECENDON			- 1		114 000	111 000	EL PRIMATING	
ice		RESEARCH				541700	114,000.	114,000.		
e e	b									
n S	С)=			_					
Ze.	d) 								
Program Service Revenue	е	:								
۵.	f	All other program service re	evenu	ie					_	
_	g	Total. Add lines 2a-2f					114,000.			
	3	Investment income (includ	ing div	vidends, i	nteres	t, and				
		other similar amounts)					15,133.			15,133.
	4	Income from investment of								
	5	Royalties		*******						_
				(i) Real		(ii) Personal				HELL TOUR
	6 a	Gross rents	6a							
			6b							
			6c							
		Net rental income or (loss)					2 20 20 20 20 20 20 20 20 20 20 20 20 20	CHARACTER STATE	FILES PATENTICAL CONTU	DECAME MASS. PLT
		Gross amount from sales of		(i) Securit		(ii) Other	W. TORREST THE SECTIONS	2011年1月1日 東京	LATER FOR	(FX) 12 (M) (F) (F)
	1 a	NEST POST AND ME OF	-	(i) Occurre	100	(ii) Other	一种原理数据			D. LYEST
	14.1	× 1	7a						Market Service	
ø	D	Less: cost or other basis				4 115				
ᇍ		and sales expenses				4,115. -4,115.				
Revenue		Gain or (loss)								ELA SERVE DE LA SERVE
Ē.		Net gain or (loss)			ТТ		-4,115.	Manage/s and comp	TECHNIC CONT. 112.6	-4,115.
Othe	8 a	Gross income from fundraising								
0		including \$					The state of the state of			
		contributions reported on I								
		Part IV, line 18			8a			从老品的		Allowers Carl
	b	Less: direct expenses			8b		Life in All Philips			
	c	Net income or (loss) from for	undra	ising ever	nts	>				
	9 a	Gross income from gaming					A STANDARD OF MARK			
		Part IV, line 19			9a		N. M. Carlot			
	b	Less: direct expenses			9b					
	С	Net income or (loss) from g	jaming	activities	s	>				
	10 a	Gross sales of inventory, le	ess ret	urns						glesson, milia
		and allowances			10a					
	b	Less: cost of goods sold			10b			The Sugar		
		Net income or (loss) from s			ry				1	
60					March 17 150	Business Code		THE THE WAY	THE RESIDENCE OF	etri da Leo.
000	11 a	OTHER INCOME				813312	2,053.			2,053.
Miscellaneous Revenue	b						_,,,,,,			2,000.
eve	c	-								
E SC		All other revenue			-					
Σ		Total. Add lines 11a-11d				>	2,053.	GUARANTE A	A PERSONAL INC.	\$1 1 July 1
	12	Total revenue. See instruction					7,748,814.	114,000.	0	12 071
	186	-20	10		*******		1,140,014.	TT#,000.	0.	13,071. Form 990 (2020)

Form 990 (2020) FINANCIAL ANALYSIS INC.
Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must comp			THE RESERVE AND THE PARTY	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	\$15.00 \$15.00mm			
	and domestic governments. See Part IV, line 21	73,437.	73,437.		
2	Grants and other assistance to domestic			1	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			. Y	
	organizations, foreign governments, and foreign			i v	
120	individuals. See Part IV, lines 15 and 16			Artificia y resultante	March Marketon
4	Benefits paid to or for members			april 1711, vari	-7.
5	Compensation of current officers, directors,	205 526	70 405	06 700	100 010
	trustees, and key employees	305,526.	79,495.	96,788.	129,243.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	288,084.	101 720	CF 042	21 211
7	Other salaries and wages Pension plan accruals and contributions (include	200,004.	191,730.	65,043.	31,311.
8		7 200	E E10	1 170	702
9	section 401(k) and 403(b) employer contributions)	7,399. 45,547.	5,518. 22,573.	1,178.	703.
6620	Other employee benefits	41,518.			9,224.
10 11	Payroll taxes Fees for services (nonemployees):	41,510.	20,175.	11,597.	9,746.
	ALFORD TO SERVICE STATE OF THE				
a b		23,502.		23,502.	
C		17,615.		17,615.	
	Lobbying	17,013.		17,015.	
	Professional fundraising services. See Part IV, line 17			CHERRY TOTAL	
f	Investment management fees			Managara and and	
g	and the second s				
9	column (A) amount, list line 11g expenses on Sch O.)	4,159,519.	3,895,143.	144,777.	119,599.
12	Advertising and promotion	1,133,313.	3,033,143.		113,333.
13	Office expenses	129,257.	64,490.	49,806.	14,961.
14	Information technology	123,237,	01,150.	45,000.	14,501.
15	Royalties				
16	Occupancy	11,049.	3,315.	3,867.	3,867.
17	Travel	15,458.	14,573.	0,00,0	885.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,624.	4,072.	326.	226.
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	DUES & SUBSCRIPTIONS	226,573.	226,573.		
b	EDUCATION AND TRAINING	150,864.	150,864.		
c	MEDIA COMMUNICATIONS	37,561.	35,683.	1,878.	
d				=,0,0.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,537,533.	4,787,641.	430,127.	319,765.
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 (2020)
Part X Balance Sheet

Ра	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	************************************	3,363,253.	1	4,352,729
	2	Savings and temporary cash investments	*************************************	140	2	
	3	Pledges and grants receivable, net	***************************************	242,778.	3	1,532,978
	4	Accounts receivable, net	***************************************	277	4	1,800
	5	Loans and other receivables from any current	or former officer, director,	17.3		
		trustee, key employee, creator or founder, sub		li in lie i		
		controlled entity or family member of any of th		900°	5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ			6	
ts	7	Notes and loans receivable, net	***	7		
Assets	8	Inventories for sale or use		ves)	8	
⋖	9	Prepaid expenses and deferred charges	***************************************	106,455.	9	631,110
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D		7		
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	7.0	14		
	15	Other assets. See Part IV, line 11	501	15	1,159	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	3,712,486.	16	6,519,776
	17	Accounts payable and accrued expenses		79,889.	17	217,216
	18	Grants payable		18		
	19	Deferred revenue		19	7,500	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or for	mer officer, director,		9 A	
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese persons		22	
_	23	Secured mortgages and notes payable to unre	elated third parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third parties	571	24	
	25	Other liabilities (including federal income tax, p	ayables to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D	***************************************	1,178,664.	25	1,629,846
	26	Total liabilities. Add lines 17 through 25		1,258,553.	26	1,854,562
60		Organizations that follow FASB ASC 958, ch	neck here 🕨 🗶			
ce		and complete lines 27, 28, 32, and 33.			1.51	
ja	27	Net assets without donor restrictions	**************************************		27	953,714
ñ	28	Net assets with donor restrictions	***************************************	1,969,126.	28	3,711,500
5		Organizations that do not follow FASB ASC	958, check here 🕨 🔲		ial of	THE THE
_		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund	s		29	
SSE	30	Paid-in or capital surplus, or land, building, or e	equipment fund	eq.	30	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated			31	
Se	32	Total net assets or fund balances		2,453,933.	32	4,665,214
	33	Total liabilities and net assets/fund balances	***************************************	3,712,486.	33	6,519,776

Form 990 (2020)

Form 990 (2020)

	1990 (2020) FINANCIAL ANALYSIS INC.	45-42	44605	Pa	ge 12
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	7,74	8,8	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,53	7,5	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,21	1,2	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,45	3,9	33.
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			
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	4,66	5,2	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			, and the	
				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 in Schedule		1.00	/	160
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1	Ö.
	separate basis, consolidated basis, or both:			E //	J.
	Separate basis Consolidated basis Both consolidated and separate basis		10.0	7- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	-184 4	1 20	
	consolidated basis, or both:			2	N.
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci		14.40		100
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		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

SCHEDULE A

(Form 990 or 990-EZ)

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.

2020

Open to Public Inspection

Name of the organization INSTITUTE FOR ENERGY ECONOMICS AND Employer identification number FINANCIAL ANALYSIS INC. 45-4244605 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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 or 990-EZ).) 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 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2226946.	3405500.	3757673.	3556120.	7621743.	20567982.		
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	2226946.	3405500.	3757673.	3556120.	7621743.	20567982.		
5	The portion of total contributions				£ 12 14 1 1 1 1 1				
	by each person (other than a					1,= 1			
	governmental unit or publicly								
	supported organization) included	District Sec.							
	on line 1 that exceeds 2% of the	内形型 大型			HARA HARAN	R B c c & Barrier			
	amount shown on line 11,					Land Carrie			
	column (f)						8152627.		
6	Public support. Subtract line 5 from line 4.					STATE OF THE	12415355.		
Se	ction B. Total Support						======		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	2226946.	3405500.	3757673.	3556120.		20567982.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	36.	66.	3,880.	14,044.	15,133.	33,159.		
9	Net income from unrelated business						20/2001		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					-2,062.	-2,062.		
11	Total support. Add lines 7 through 10	de la marie de la companya del companya del companya de la company			T S WILL BY	Ale Ville	20599079.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	271,389.		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	ear as a section 5				
	organization, check this box and stop						▶□		
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, o	column (f))	*********	14	60.27 %		
15	Public support percentage from 2019	Schedule A, Part	II, line 14	***********	********	15	61.74 %		
	33 1/3% support test - 2020. If the o					nore, check this be	ox and		
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ X		
b	33 1/3% support test - 2019. If the o								
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation		********************			
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	iblicly supported o	rganization				
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s		
					Sche	dule A (Form 990	or 990-EZ) 2020		

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	sie ii, piodee ceiii,	proto r dit ing				
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and 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						
	are not an unrelated trade or bus- iness under section 513				1		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
9)	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	可能 双上的			11 20 20 20 20 20 20 20 20 20 20 20 20 20		
	ction B. Total Support			ř .			
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
į	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				_		
	Total support. (Add lines 9, 10c, 11, and 12.)			200		Nesson vers	
14	First 5 years. If the Form 990 is for th				357	, , , ,	
50	check this box and stop here ction C. Computation of Publi	o Support Do	roontooo				> L
	Public support percentage for 2020 (li			(A)		ae l	
	Public support percentage from 2019					15	%
	ction D. Computation of Inves					110	%
	Investment income percentage for 20			ne 13 column (fi	Ň	17	%
	Investment income percentage from 2		D - 1 111 11 - 4 7			18	%
	a 33 1/3% support tests - 2020. If the				ne 15 is more than		
	more than 33 1/3%, check this box ar						S
1	33 1/3% support tests - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Yes	No
11		
2		
-		
3a	1	
3b		
3с		
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4b		
		er Or
4c	LINE	e is
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5a	20 mg/0	i lingili
5b		AIRC.
5c	Les Lin	
	NE.	
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7	1016	e i de
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8	10	
9a		, it-yi
9b	100	-fol
9c	+1,40	科·
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10a	T	
	JT EV	

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
4	Did the governing hady members of the several hady officer activity is the inflicial activity.		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	l a		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	5 -2		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1 =	11.7	
	or management of the supporting organization was vested in the same persons that controlled or managed		-	6.5
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		244	negr
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- 1 - X	100	
	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	ugasta.	la Ç	- 1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10.0	Ý er	0.5
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	S. Mark	1134	T A
	significant voice in the organization's investment policies and in directing the use of the organization's		Sign	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		THE	Anna-
C	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	ŀ.		
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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	Elva - I	74.57
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	1 X	100	ugg.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	18.00	t.b	100
	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.	0-		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
	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. Answer lines 3a and 3b below.	-63 mi	772	- PAP
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	11 50	-490	17-41
573	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		

Schedule A (Form 990 or 990-EZ) 2020 FINANCIAL ANALYSIS INC.

All other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6	(A) Prior Year	
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6		
3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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		
4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6		
5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6		
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		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6		
maintenance of property held for production of income (see instructions) 6		
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		
ection B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	18.75	- 7
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)		
e Discount claimed for blockage or other factors		The second section
(explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets 2	POLICE AS HEND AND A	PER TRANSPIR V MONTEL
3 Subtract line 2 from line 1d.		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		
see instructions).		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
6 Multiply line 5 by 0.035.		
7 Recoveries of prior-year distributions 7		
8 Minimum Asset Amount (add line 7 to line 6) 8		
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1		
2 Enter 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.	Mark Contract	
5 Income tax imposed in prior year 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Hall bridge	
emergency temporary reduction (see instructions).		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type III supporting orga	anization (see
instructions).	, , ,	and the same

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continu	ied)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	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	9		
	(provide details in Part VI). See instructions.		T.	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6	The second secon	ADELLI AND TA		
2	Underdistributions, if any, for years prior to 2020 (reason-				6 % X 10 %
	able cause required - explain in Part VI). See instructions.	同性學學所以作為也可			
3	Excess distributions carryover, if any, to 2020				
а	From 2015		建筑建筑		
b	From 2016				
С	From 2017			=17.5	
d	From 2018				The state of the s
е	From 2019			127	
f	Total of lines 3a through 3e		据有自由表"Trial"	6	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount			íto	
i	Carryover from 2015 not applied (see instructions)		8 8 2 2 0	St. L.	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$		A STATE OF THE REAL PROPERTY.		
а	Applied to underdistributions of prior years	ASSESS FOR BUILDING			
b	Applied to 2020 distributable amount	CALLY CALLY THE STATE OF STATE		- W.	
С	Remainder. Subtract lines 4a and 4b from line 4.			Z-I	
5	Remaining underdistributions for years prior to 2020, if	Security SVA			
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.	是某人工作的			
6	Remaining underdistributions for 2020. Subtract lines 3h	STATE OF STREET	副南京的	174	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2021, Add lines 3j		The second second		CONTRACT DESCRIPTION OF THE PARTY OF THE PAR
	and 4c.		SHAPE TO SERVE		
8	Breakdown of line 7:		Y Call District	V 84	THE WAR THE ST
а	Excess from 2016	STATE OF THE STATE	THE RESERVE OF THE PARTY OF THE	0.00	
	Excess from 2017	5384	(西州李美江 (2017))	2 /2015	TOTAL STREET
	Excess from 2018			777	
	Excess from 2019		网络斯特尼尼尼尼	R 49	THE RESERVE OF THE PARTY OF THE
	Excess from 2020	PRESENTED CONTRACTOR	ARRIVA ARIA DA		

Schedule A (Form 990 or 990-EZ) 2020

INSTITUTE FOR ENERGY ECONOMICS AND

Schedule A (Form 990 or 990-EZ) 2020 FINANCIAL ANALYSIS INC.	45-4244605 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, Section B. line 1e: Part V
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2020 AMOUNT: \$ 2,053.	
CURRENCY EXCHANGE LOSS	
2020 AMOUNT: \$ -4,115.	
. 	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2020

Open to Public Inspection

Department of the Treasury

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

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

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

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization INSTITUTE FOR ENERGY ECONOMICS AND Employer identification number FINANCIAL ANALYSIS INC. 45-4244605 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$\rightarrow\$\$\$\$\$\$\$\$\$\$\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? No b If "Yes." describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL. line 17b▶\$_ Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

		exempt under section		ed Form 5768 (el	ection under
A Check if the filing organization		n affiliated group (and list i ying expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
B Check 🕨 🔲 if the filing organization	ation checked box	A and "limited control" pr	ovisions apply.		
	its on Lobbying I nditures" means a	expenditures emounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public onir	nion (grassroots lobbying)		0.	
b Total lobbying expenditures to inf		57 Table		0.	
c Total lobbying expenditures (add	0.				
d Other exempt purpose expenditure	5,537,533.				
e Total exempt purpose expenditure	5,537,533.				
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				
If the amount on line 1e, column (a)		e lobbying nontaxable an		426,877.	Ada a Skill Harri
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,00		00,000 plus 15% of the ex		X . I . I i i i i i i i i i i	
Over \$1,000,000 but not over \$1,		75,000 plus 10% of the ex	Village Service and Control		
Over \$1,500,000 but not over \$17,000,000		25,000 plus 5% of the exce		Dalie and English	The trade of the St.
Over \$17,000,000		000,000.	000 0101 01,000,000.		The last services
(0.00, 0.17,000,000	1 41	000,000.			
g Grassroots nontaxable amount (e	nter 25% of line 1	f)		106,719.	
h Subtract line 1g from line 1a. If ze			7.75	0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than ze				<u> </u>	
reporting section 4911 tax for this		·····			Yes No
	4-Yea that made a sect	r Averaging Period Under on 501(h) election do not eparate instructions for li	Section 501(h) have to complete all		
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	272,2	27.	330,944.	426,877.	1,030,048.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,545,072.
c Total lobbying expenditures	19,9	23.			19,923.
d Grassroots nontaxable amount	68,0	57.	82,736.	106,719.	257,512.
e Grassroots ceiling amount (150% of line 2d, column (e))			Harry Harry	CECTA CHARLE	386,268.
			1		

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	1-			,
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 	**			
j Total. Add lines 1c through 1i	. 1			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b If "Yes," enter the amount of any tax incurred under section 4912	He There			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ISINS. 598	1.3.8		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			LIII K	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)((5), or se	ection	
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		7.0		
		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	n the prior year	2 ? 3 (5), or se		e 3, i
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n the prior year ction 501(c)(ed "No" OR	2 ? 3 (5), or se (b) Part		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	n the prior year ction 501(c)(ed "No" OR	2 ? 3 (5), or se (b) Part		e 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	n the prior year ction 501(c)(ed "No" OR	2 ? 3 (5), or se (b) Part		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	n the prior year etion 501(c)(ed "No" OR	2 3 (5), or se (b) Part		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year	n the prior year etion 501(c)(ed "No" OR	2 3 (5), or se (b) Part		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year	n the prior year etion 501(c)(ed "No" OR	2 3 3 (5), or se (b) Part		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	n the prior year etion 501(c)(ed "No" OR	2 3 3 (5), or se (b) Part 1 2a 2b 2c		e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n the prior year etion 501(c)(ed "No" OR	2 3 3 (5), or se (b) Part		e 3, i
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

INSTITUTE FOR ENERGY ECONOMICS AND

FINANCIAL ANALYSIS INC.

Employer identification number 45-4244605

Pai	t I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organiza	tion answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).	
	Preservation of land for public use (for example, recreation of	r education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a co	onservation 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
	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	nt is located	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation e	asements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above sat	et. t. nitration	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements ti	nat describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of Art	Historical Transuras or Other	Cimilar Accate
rai	Complete if the organization answered "Yes" on Form 990,		Sillilai Assets.
			talled objective dis
ıa	If the organization elected, as permitted under FASB ASC 958, no		
	of art, historical treasures, or other similar assets held for public ex		ince of public
h	service, provide in Part XIII the text of the footnote to its financial s		as about works of
D	If the organization elected, as permitted under FASB ASC 958, to		
	art, historical treasures, or other similar assets held for public exhib provide the following amounts relating to these items:	onton, education, or research in furtherand	se of public service,
	AND A COUNT OF THE THE THEORY OF A SIMILAR DESCRIPTION OF A SIMILAR OF THE SIMILA		L 6
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasure		
2	the following amounts required to be reported under FASB ASC 98	- 10 miles	provide
a	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for I		Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	Collections of A			reasures	or Othe			ts/continu		ige Z
3	Using the organization's acquisition, accessi									ieu)	
3	collection items (check all that apply):	on, and other record	is, check	ally of the	following the	at make s	sigrimcarit	use or its			
12	Public exhibition	a		000 01 014	shanaa nraar						
a		d			change progr	alli					
b	Scholarly research Preservation for future generations	е		Other							
c		تعلمت مساهما	a bearing the	and the sales and	He e la secesione a	tauta acce		and the Proper	. VIII		
4	Provide a description of the organization's co			3.5%				ose in Pan	XIII.		
5	During the year, did the organization solicit o								٦		l
Dar	to be sold to raise funds rather than to be material to the sold to raise funds rather than to be material to the sold to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to raise funds rather than to be material to be sold to b								Yes		No
rai	reported an amount on Form 990, Pa		ete ii the	organizatio	on answered	Yes on	Form 990), Part IV,	line 9, or		
	Is the organization an agent, trustee, custod	COLUMN TO THE STATE OF THE STAT	lian (for	n metrila velia			is alread and				
ia									T v = =		
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII				************				Yes		No
a	if res, explain the arrangement in Part XIII	and complete the to	llowing t	able:				_			
	Desirates belones								Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										_
1	Ending balance								1 ==		·
	Did the organization include an amount on F								Yes	Ш	No
Par	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i		45.71 6.50	waren and the same				Secretaria de la Companio	5000 744 0000		
200		(a) Current year	(b) P	rior year	(c) Two year	irs back	(d) Three y	ears back	(e) Four	/ears b	back
1a	Beginning of year balance				-						
b	Contributions				ļ						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	ered for t	he organiz	zation			
	by:								0	Yes	No
	(i) Unrelated organizations		**********	***********			********	***********	3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipm	nent.	_								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a.	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value	}
		basis (investr	nent)		(other)		preciation				
1a	Land	200				Nijekt.	THE PARTY	31			
	Buildings										
	Leasehold improvements										
	Equipment	***************************************									
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)			D			0.

Schedule D (Form 990) 2020

FINANCIAL ANALYSIS INC.

(a) Decer	Complete if the organization answered "Yes" of			1 - 6 1 - 2
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-ot-year market value
	al derivatives			
	held equity interests			
) Other				
(A)				
(B)		·		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	blanch and Farm 000 Dark V and (D) line 40 \			
	b) must equal Form 990, Part X, col. (B) line 12.)		LINEOPAROLLI III TA ALELYE.	
rait VIII	Investments - Program Related.	F 600 D . W. W		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Laf year market yelve
19799	(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of end	i-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		***		
/Q1				
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		EMPORATION OF THE STATE OF THE	(新年)。117年12
otal. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (Part IX) (1) (2)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col.	Other Assets. Complete if the organization answered "Yes" (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a)	Description	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col.	Other Assets. Complete if the organization answered "Yes" (a) I (a) I (b) must equal Form 990, Part X, col. (B) line (b) Ther Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (A) (Columbia) (2) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (5 tal. (Columnation X) Part X	Other Assets. Complete if the organization answered "Yes" (a) I (a) I (b) must equal Form 990, Part X, col. (B) line (b) Ther Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Coll. Part X) (1) Fec (2) RE (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (1) (7) (2) (2) (3) (4) (5) (6) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (Part X) (1) Fec (2) RE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (2) RE (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) [a]	Description	>	. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columna	Other Assets. Complete if the organization answered "Yes" (a) [a]	15.)	2 11e or 11f. See Form 990, Part X, line 25	. (b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total revenue, gains, and other support per audited financial statements	**************************************	1	7,748,814.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1011-001-28-00-X1-8-01	
а	Net unrealized gains (losses) on investments	2a		
b	The state of the s			
C		2c		
d		2d		
е	2.1.12		2e	0.
3	Subtract line 2e from line 1			7,748,814.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	V AV		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	***************************************	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,748,814.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements			5,537,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities		18	
b	Prior year adjustments		Top: v	
C	Other losses			
d	Other (Describe in Part XIII.)		-	
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	5,537,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ř î	Ly ***	
а	Investment expenses not included on Form 990, Part VIII, line 7b		- Car	
b	Other (Describe in Part XIII.)			•
c	Add lines 4a and 4b		4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.		5	5,537,533.
=	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

INSTITUTE FOR E	NERGY EC	ONOMICS	AND			
FINANCIAL ANALY					45-424460	15
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "	/es" on
Form 990, Part IV			Total Trib Critical Classes. Compr	ete ii trie organ	nzation answered	103 011
		maintain recor	ds to substantiate the amount of its gr	ante and other	assistance	
			the selection criteria used to award the			Yes No
the grantees ongionity i	or the grante or c	iooiotarioo, aria	the selection enteria used to award the	o grants or ass	iotarioc:	iesivo
2 For grantmakers, Desc	ribe in Part \/ the	organization's	procedures for monitoring the use of it	e arante and a	ther assistance out	side the
United States.	ande in r art v tric	organizations	procedures for mornioring the use of it	s grants and o	trier assistance out	side trie
	he following Part	Lline 3 table c	an be duplicated if additional space is	needed \		
(a) Region	(b) Number of		(d) Activities conducted in the region	1	vity listed in (d)	(f) Total
(T) (300 S)	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
PHIDODE / TNOT HIDTNO		in the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,					ND ANALYSIS;	
AUSTRIA, BELGIUM	0	2	PROGRAM SERVICES	EDUCATION 8	TRAINING	191,449.
SOUTH ASIA -						
AFGHANISTAN,						
BANGLADESH, BHUTAN,		, se			ND ANALYSIS;	e. 1737 Tenerous
INDIA, MALDIVES,	0	1	PROGRAM SERVICES	EDCATION &	TRAINING	110,770.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,				RESEARCH AN	ND ANALYSIS;	
CAMBODIA,	0	9	PROGRAM SERVICES	EDUCATION 8	TRAINING	1,356,693.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	1	FUNDRAISING			4,412.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,	0	2	FUNDRAISING			27,428.
				1		
		L				
3 a Subtotal	0	15			Mark Billion All	1,690,752.
b Total from continuation					restate -	
sheets to Part I	0	(C		in an area	YEAR THE	0.
c Totals (add lines 3a				AND NEWSTREET		
and 3b)	0	15	The Company of the Company		Palegra into a series	1,690,752,

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 45-4244605

(a) Name of organization	organization and EIN (if applicable)
eggjane e s	angulari da Saliganari
ennenten i	

Page 3

Schedule F (Form 990) 2020 Part III Can be dunlicated if additional space is peeded.

Part III can be dunlicated if additional space is peeded. 45-4244605

					(a) Type of grant or assistance	Part III can be duplicated if additional space is needed.
					(b) Region	dditional space is neede
					(c) Number of recipients	0
					(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)	

Schedule F (Form 990) 2020 FINANCIAL ANALYSIS INC. Part IV Foreign Forms

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

Schedule F (Form 990) 2020

INSTITUTE FOR ENERGY ECONOMICS AND

Schedule F	(Form 990) 2020 FINANCIAL ANALYSIS INC.	45-4244605	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ng method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information	ation. See instructions.	
-			

SCHEDULE I (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

Open to Public 2020

OMB No. 1545-0047

Name of the organization Internal Revenue Service INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS INC. Go to www.irs.gov/Form990 for the latest information. Employer identification number Inspection

CHARLESTON, WV 25301 601 MORRIS STREET, SUITE 205 GENERATION WEST VIRGINIA, INC. Part II Part I 1 (a) Name and address of organization Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? General Information on Grants and Assistance 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 or government 81-3004556 (b) EIN 501(C)(3) (c) IRC section (if applicable) (d) Amount of cash grant 67,000 (e) Amount of assistance valuation (book, FMV, appraisal, (f) Method of (g) Description of noncash assistance RESEARCH AND ANALYSIS ON SUPPORT OF IMPACT DIL, GAS AND FELLOWSHIP TO PROVIDE (h) Purpose of grant or assistance X Yes 45-4244605 No

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Page 2

Schedule I (Form 990) 2020 FINANCIAL ANALYSIS INC.

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. INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS INC. 45-4244605

0.00					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2: EEFA REQUIRES ALL GRANTEES TO SEND	D FINANCIAL	CAL REPORTS	ON THE	USE OF THE	
FRANTS.					
PART II, LINE 1, COLUMN (H):					
AME OF ORGANIZATION OR GOVERNMENT:		GENERATION WEST	VIRGINIA,	INC.	
H) PURPOSE OF GRANT OR ASSISTANCE:	: SUPPORT	OF IMPACT	FELLOWS	HIP TO	
PROVIDE RESEARCH AND ANALYSIS ON OIL,	GAS	AND PETROCHEMICAL	HEMICAL EN	ENERGY	

032102 11-02-20 ISSUES. 40 Schedule I (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2020

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS INC.

Employer identification number 45-4244605

Questions Regarding Compensation Part I 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 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? 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 Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? X 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: a The organization? X 5a b Any related organization? 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: a The organization? X 6a b Any related organization? X 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 payments not described on lines 5 and 6? If "Yes," describe in Part III X 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 in Part III 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

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.

Schedule J (Form 990) 2020

Do not list any individuals that aren't listed on Form 990, Part VII. 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)

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.

(6)		(0)	(ii)	(0)	(0)	0	(0)	(0)	(0)	9	(0)	(0)	(ii)	(0)	(ii)	9	(E)	0	(ii)	(0)	(1)	0	(ii)	9	(ii)	(0)		CUTIVE DIRECTOR/SECRETA (ii)	(1) ALEXANDRA BUCHANAN (i)	(A) Name and Title	(8)
																												0.	197,450.	(i) Base compensation) Breakdown of V
																												0.	0.	(ii) Bonus & incentive compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation
																												0.	0.	(iii) Other reportable compensation	3C compensation
																												0.	7,898.	compensation	(C) Retirement and
																													12,666.	benefits	(D) Nontaxable
																												.0	218,014.	(B)(I)-(D)	(E) Total of columns
																													0.	in column (8) reported as deferred on prior Form 990	FI

1990) 2020	Schedule J (Form 990) 2020	
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٦.	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.	Prov
Page 3	Schedule J (Form 990) 2020 FINANCIAL ANALYSIS INC. 45-4244605	Sche

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

INSTITUTE FOR ENERGY ECONOMICS AND Name of the organization Employer identification number FINANCIAL ANALYSIS INC. 45-4244605 FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY ALL MEMBERS OF THE GOVERNING BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES FILL OUT THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM AND ARE REQUIRED TO DISCLOSE CONFLICTS AS THEY WOULD ARISE. FORM 990, PART VI, SECTION B, LINE 15: MEMBERS OF THE GOVERNING BOARD CONDUCT REVIEWS OF COMPENSATION FOR COMPARABLE POSITIONS AND MAKE INDEPENDENT DECISIONS ON COMPENSATION LEVELS. COMPENSATION MANAGEMENT SOFTWARE IS USED TO ANALYZE COMPARABLE MARKET PAY DATA WHEN DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE. ADDITIONAL DOCUMENTS ARE AVAILABLE UPON REOUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 3,895,143. MANAGEMENT AND GENERAL EXPENSES 144,777. FUNDRAISING EXPENSES 119,599. TOTAL EXPENSES 4,159,519.

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

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

Schedule O (Form 990 or 990-EZ) 2020

4,159,519.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print INSTITUTE FOR ENERGY ECONOMICS AND FINANCIAL ANALYSIS INC. 45-4244605 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 14900 DETROIT AVE., NO. 206 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKEWOOD, OH 44107 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA BUCHANAN The books are in the care of ▶ 14900 DETROIT AVE. #206 - LAKEWOOD, OH 44107 Telephone No. ► 216-712-6612 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 . If it is for part of the group, check this box 🕨 ... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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