Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 20 For the 2021 calendar year, or tax year beginning 2021, and ending Check if applicable: D Employer identification number Address change Rethink Priorities 84-3896318 530 Divisadero Street PMB 796 Telephone number Name change San Francisco, CA 94117 202 681-3090 Initial return Final return/terminated **G** Gross receipts \$ Amended return 5,702,287 F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: ► rethinkpriorities.org H(c) Group exemption number ▶ X Corporation L Year of formation: 2019 M State of legal domicile: CA Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule 0 Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 0 Total number of volunteers (estimate if necessary)..... 6 2 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 2,128,968 5,618,558. Program service revenue (Part VIII, line 2g) 36,247 81,599. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 85 1,918. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 212. 50 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 5,702,287 12 2,165, 350 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 397,178 1,591,273 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 439,184. 88,037. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 485,215 2,030,457. Revenue less expenses. Subtract line 18 from line 12..... 3,671,830. 1,680,135. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 6,374,075. 1,680,135. 21 Total liabilities (Part X, line 26) 0. 1,022,110. 22 Net assets or fund balances. Subtract line 21 from line 20..... 1,680,135. 5,351,965. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 preparer has any knowledge. Mary A Dars 05/25/2022 Signature of officer Sign Here Marcus Davis, Co-CEO & President Type or print name and title Print/Type preparer's name D**35120122 Paid** Douglas E. Cook, CPA/MPA Douglas self-employed P01521705 Preparer Cook & Company, A Prof Actcy Corporation Use Only Firm's address One Sansome St Ste 3500 Firm's EIN ► 47-2626541

San Francisco, CA 94104 May the IRS discuss this return with the preparer shown above? See instructions . . Phone no. 415-621-1112

No

X Yes

Check if Schedule O contains a response or note to any line in this Part III	e prior Yes X No services? Yes X No services, as measured by expenses.	
See Schedule 0 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	e prior Yes X No services? Yes X No services. as measured by expenses.	
2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	e prior Yes X No services? Yes X No services. as measured by expenses.	
2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	e prior Yes X No services? Yes X No services, as measured by expenses.	_
Form 990 or 990-EZ?	Yes X No n services? Yes X No services, as measured by expenses.	_
Form 990 or 990-EZ?	Yes X No n services? Yes X No services, as measured by expenses.	
	n services? Yes X No	
If "Yes," describe these new services on Schedule O.	services, as measured by expenses.	
	services, as measured by expenses.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any progran	services, as measured by expenses. ations to others, the total expenses,	
If "Yes," describe these changes on Schedule O.	services, as measured by expenses. ations to others, the total expenses,	
4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca and revenue, if any, for each program service reported.		
4a (Code:) (Expenses \$ 774,748. including grants of \$) (Revenue \$ 6,858.)	
Animals: We research how advocates can have the greatest impact		
of animals, including farmed animals, wild animals, and invert		
this information to nonprofits working on animal welfare issue	s and to the general	_
public. In 2021 we published several original publications, an		
hours of research.		
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		_
		-
		_
4b (Code:) (Expenses \$ 265,700. including grants of \$) (Payanua Š	-
Longtermism: We research how to improve the likelihood that hu		
the longterm future, and how we might be confident that we can		-
wellbeing of people over long time spans. We distribute this i		-
nonprofits working in the space and the general public.		-
		-
		_
		_
		_
		_
		_
4c (Code:) (Expenses \$ 228,851. including grants of \$) (Bayanua \$ 5.476.)	-
EA Meta: We research the effective altruism community, includi		
demographics, to help ensure that a community of activists and		-
improving the world as effectively as possible is resilient an		-
future. In 2021, we ran the annual effective altruism survey,		-
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		_
4d Other program services (Describe on Schedule O.) See Schedule O	A	
(Expenses \$ 193,410. including grants of \$) (Revenue	\$ 69,265.)	_

Form 990 (2021) Rethink Priorities 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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? <i>If 'Yes,' complete Schedule C, Part II</i>	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 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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
Ł	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.	11 b		Х
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
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	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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
b	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		Х

Form 990 (2021) Rethink Priorities 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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
- 1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
l	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		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 contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a 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 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
RΔΔ		Form	990 (2021

Form 990 (2021) Rethink Priorities Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	- 0		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
Ū	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	.,		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA IL MN PA NY 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) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Abraham Rowe 530 Divisadero Street PMB 796 San Francisco CA 94117 202 681-3090

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

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

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

Check this box if neither the organization nor any relate	ed organiz	ation	com	npen	sate	d any	cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours	is	both a s	an o	ot che unles fficer truste			(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Abraham Rowe	$-\frac{40}{0}$			V				000	0	12 022
COO (2) Marcus Davis, Co-CEO & President	0 - 40 0	X		X				79,898. 81,684.	0.	13,823. 10,916.
(3) Peter Hurford, Co- CEO	$-\frac{40}{0}$			Χ				82,252.	0.	8,712.
(4) Ozzie Gooen, Dir. & Treasurer	1	Х		Χ				0.	0.	0.
	1	Х		Χ				0.	0.	0.
	1	Х						0.	0.	0.
	1	Х						0.	0.	0.
(8)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 110	(B)	ney	Em	1010		es,	and	a Hignest Con	ipensated Emp	oyees	(continued)
(A) Name and title	Average hours per	box	, unle	Pos check ess pe	sition more erson	e than is botl or/trus	h an	(D) Reportable	(E) Reportable	Fstim:	(F) ated amount
	week (list any hours for related organiza - tions below dotted	or director				Highest compensated employee		compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-2/1099- MISC/1099-NEC)	compe the o an	of other nsation from rganization d related anizations
	line)	()	8			ated					
(15)											
(16)											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal	<u> </u>	<u> </u>					>	243,834.	0.		33,451.
c Total from continuation sheets to Part VII, Secti								0.	0.		0.
d Total (add lines 1b and 1c)							▶	243,834.	0.	oncotio	33,451.
2 Total number of individuals (including but not limited from the organization ► 0	to those i	istea	abov	ve) v	WHO	recer	veu	more man \$100,00	o of reportable comp	ensalio	П
											Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	ee, ke <i>ial</i>	ey er	mpl	oyee	e, or 	high	nest compensated	employee	. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If '	∕es,	' con	ıple	te Schedule J for		4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fro	om	anv	unre	late	d organization or	individual		X
Section B. Independent Contractors											I I
Complete this table for your five highest compen compensation from the organization. Report compen	sated ind sation for	epen the c	dent alen	t co dar	ntra year	ctors endi	tha ng v	t received more the truly or with or within the or	nan \$100,000 of ganization's tax year		
(A) Name and business add	ress							(B) Description (of services	Compe	C) ensation
2 Total number of independent contractors (including t	out not lim	ited to	o tho	ose I	lister	d aho	ve)	who received more	than		
\$100,000 of compensation from the organization			0				,	1000,100 111010			

		Check if Schedule O contains a resp	onse or note to any	/ line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s	1 a	Federated campaigns 1 a					
其	h	Membership dues					
Gra		·					
s, (An	С	Fundraising events					
3ift Iar	d	Related organizations 1 d					
s, (imi	е	Government grants (contributions) 1 e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	5,618,558.				
o Hi	g	Noncash contributions included in					
ont		lines 1a-1f					
C	h	Total. Add lines 1a-1f		5,618,558.			
ue			Business Code				
Program Service Revenue	2a b		541900	81,599.	81,599.		
ce	С						
ivi	Ч						
Š	_						
am	e						
ogr		All other program service revenue					
ď	g	Total. Add lines 2a-2f		81,599.			
	3	Investment income (including dividends, in	nterest, and				
		other similar amounts)		1,918.			1,918.
	4	Income from investment of tax-exempt	bond proceeds 🟲				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a	1				
		·					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	_				
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	h	other than inventory Less: cost or other basis					
	J	and sales expenses 7b					
	c	Gain or (loss) 7c					
		Net gain or (loss)	<u> </u>				
ne		Gross income from fundraising events					
		(not including \$					
ě		of contributions reported on line 1c).					
ď		See Part IV, line 18	a				
Other Reven	b	Less: direct expenses 81	b				
₹	С	Net income or (loss) from fundraising e	events				
)		Gross income from gaming activities.					
		See Part IV, line 19					
		Less: direct expenses 91	-				
	С	Net income or (loss) from gaming activ	rities▶				
	10 a	Gross sales of inventory, less returns and allowances	3				
	L	<u> </u>					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inve					
υ			Business Code				
Miscellaneous Revenue	11 a	Miscellaneous	900099	212.			212.
scellaneo Revenue	b						
종	С						
Re Sc	•	All other revenue					
¥ _		<u></u>	.	010			
		Total. Add lines 11a-11d		212.	06 - 56	-	
	12	Total revenue. See instructions		5,702,287.	81,599.	0.	2,130.

Part IX Statement of Functional Expenses

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

	Charle if Schodula O contains a r	achanca ar nota ta any	line in this Bort IV	7	X
	Check if Schedule O contains a re		(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	-	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	277,540.	146,060.	112,987.	18,493.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,100,377.	900,443.	126,541.	73,393.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,100,377.	900,443.	126,541.	73,393.
9	Other employee benefits	51,375.	50,833.	542.	
10	' 1	161,981.	127,820.	19,895.	14,266.
	Fees for services (nonemployees):	101,981.	127,820.	19,895.	14,200.
	Management				
	Legal	17,170.	10,711.	6,459.	
	Accounting	16,661.	10,711.	16,661.	
	Lobbying.	10,001.		10,001.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, <u>c</u> olumn				
	(A), amount, list line 11g expenses on Schedule 0 $\$$ ch \oplus	321,652.	177,199.	144,453.	
	Advertising and promotion				
13	<u>'</u>	6,958.	958.	3,995.	2,005.
14	Information technology	19,352.	1,782.	14,081.	3,489.
15	Royalties				
16	Occupancy				
17	Travel	4,080.	2,497.	1,583.	
	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				
	Depreciation, depletion, and amortization				
23	Insurance	8,105.	3,845.	4,260.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
ä	Survey expenses	28,747.	28,747.		
I	Other	16,459.	11,814.	3,357.	1,288.
•					
•	J 				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,030,457.	1,462,709.	454,814.	112,934.
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)				

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		633,749.	1	2,659,522.
	2	Savings and temporary cash investments		550,085.	2	2,502,003.
	3	Pledges and grants receivable, net		496,301.	3	1,212,550.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, I contributor, or 35% rsons		5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net	ш		7	
sts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
Ą	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10 b		10 c	
	11	Investments — publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,680,135.	16	6,374,075.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	<u></u>		18	1 000 110
	19	Deferred revenue	_		19	1,022,110.
٠,	20	Tax-exempt bond liabilities			20	
ties	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor. or 35%		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, iplete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	1,022,110.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X			
alaı	27	Net assets without donor restrictions		909,491.	27	827,476.
ä	28	Net assets with donor restrictions		770,644.	28	4,524,489.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
sts	30	Paid-in or capital surplus, or land, building, or equipm	L		30	
SS	31	Retained earnings, endowment, accumulated income,			31	
t A	32	Total net assets or fund balances		1,680,135.	32	5,351,965.
Ne	33	Total liabilities and net assets/fund balances		1,680,135.	33	6,374,075.
RΔ	^		TEEA0111L 09/22/21	,,		Form 990 (2021)

The state of the s								
Pai	TXI 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			<u> 287.</u>			
2	Total expenses (must equal Part IX, column (A), line 25).	2			<u> 457.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			330 <u>.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,6	80,1	135.			
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	5,3	51,	965 <u>.</u>			
Pai	TXII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain							
	on Schedule O.							
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ite						
	basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			37				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single							
,	Audit Act and OMB Circular A-133?		3 a		X			
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b					
BAA	TEEA0112L 09/22/21		Form	990	(2021)			

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number Rethink Priorities 84-3896318 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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 more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').				2,128,968.	5,618,557.	7,747,525.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	2,128,968.	5,618,557.	7,747,525.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,422,797.
6	Public support. Subtract line 5 from line 4						6,324,728.
Sec	tion B. Total Support						-,,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	0.	0.	0.	2,128,968.	5,618,557.	7,747,525.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				85.	1,918.	2,003.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					=,====	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				50.	212.	262.
	Total support. Add lines 7 through 10						7,749,790.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	117,846.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ Х
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	11 (0)			
	Public support percentage for 20 Public support percentage from 2						<u>%</u> %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2020. If th and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	pox and stop here	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this h	nox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	taxes) from businesses						
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
111213	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
11121314	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or 1	fifth tax year as a	section 501(c)(3)	>
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 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.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul	stop here blic Support F	Percentage				
11 12 13 14 Sec 15	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support F 021 (line 8, colum	Percentage n (f), divided by lir	ne 13, column (f)))	15	%
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from	stop hereblic Support F 121 (line 8, colum 2020 Schedule A	Percentage n (f), divided by lin , Part III, line 15.	ne 13, column (f)))	15	
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage from a public support percentage from tion D. Computation of Investigation.	stop hereblic Support F 221 (line 8, colum 2020 Schedule A estment Inco	Percentage n (f), divided by lir , Part III, line 15 me Percentage	ne 13, column (f)))	15 16	8
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pullic support percentage from a tion D. Computation of Investment income percentage f	blic Support F 221 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c	Percentage n (f), divided by lin , Part III, line 15. me Percentage , column (f), divide	ne 13, column (f)	umn (f))	15 16 17	00 00
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpulic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage for lovestment lo	blic Support F 221 (line 8, colum 2020 Schedule A estment Inco or 2021 (line 10c rom 2020 Schedu	Percentage n (f), divided by lin , Part III, line 15. me Percentage , column (f), divide	ne 13, column (f)	umn (f))	15 16 17 18	00 00 00
11 12 13 14 Sec: 15 16 Sec: 17 18 19a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pullic support percentage from a tion D. Computation of Investment income percentage f	blic Support F 221 (line 8, column 2020 Schedule A estment Incor or 2021 (line 10c rom 2020 Schedul the organization of the organization of	Percentage n (f), divided by lin, Part III, line 15. me Percentage , column (f), dividental line A, Part III, line bid not check the beyn here. The organ lid not check a bootstart.	ne 13, column (f) ed by line 13, col 17 box on line 14, ar ization qualifies a	umn (f))nd line 15 is more as a publicly suppne 19a, and line 1	15 16 17 18 than 33-1/3%, and orted organization 6 is more than 33-1	% % % line 17 ► [] /3%, and

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b		

Part	t IV	Supporting Organizations (continued)				
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No	
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,				
-		overning body of a supported organization?	11a			
b	A fan	nily member of a person described on line 11a above?	11b			
		controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c			
Sect	tion I	B. Type I Supporting Organizations		1		
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No	
'	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					
		g the tax year.	1			
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2			
Sect	tion (C. Type II Supporting Organizations			•	
				Yes	No	
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the				
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sect	tion I	D. All Type III Supporting Organizations				
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No	
•	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
_	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant				
	all tin	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played				
		is regard.	3			
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	Т	he organization satisfied the Activities Test. Complete line 2 below.				
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.				
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No	
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted				
		tantially all of its activities.	2a			
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the				
	reasc	ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b			
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
а	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a			
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b			

Sch	edule A (Form 990) 2021 Rethink Priorities		84-38	96318 Pa	age (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	ar	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
•	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
_			·		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990) 2021 BAA

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

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

Part II, Line 10 - Other Income

Nature and Source		 2021	 2020	 2019	 2018	 2017
Miscellaneous		\$ 212.	\$ 50.			
	Total	\$ 212.	\$ 50.	\$ 0.	\$ 0.	\$ 0.

Additional Explanation of Other Income

From time to time, miscellaneous amounts are received during the course of performing the organization's tax-exempt function.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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

	xy Tax) (See separate instruc Section 501(c)(4), (5), or (6) o	tions), then rganizations: Complete Part III.			
	of organization	<u> </u>		Employer identific	ation number
Ret	think Priorities			84-389631	.8
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of 'political campaign activities.'	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures. See instructions		▶ \$	}
3	Volunteer hours for political	campaign activities. See instructions			
Pai	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ ¢	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities ► \$	}
2		g organization's funds contributed to other s			5
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶¢	S
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	ı as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Part II-A Complete if section 501(the organizatio [h)).	n is exempt under se	ection 501(c)(3) and	l filed Form 5768 (el	ection under			
A Check ► if the filin								
B Check ► if the filir	ng organization che	cked box A and 'limited co	ontrol' provisions apply.					
(The term	Limits on Lobby	ving Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expendite	ures to influence pu	ıblic opinion (grassroots lo	bbying)					
b Total lobbying expendition	ures to influence a	legislative body (direct lob	bying)					
c Total lobbying expenditu	ures (add lines 1a	and 1b)						
d Other exempt purpose e	expenditures							
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)						
		nount from the following ta						
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:					
Not over \$500,000		20% of the amount on line 1e.						
Over \$500,000 but not over \$1	·	\$100,000 plus 15% of the excess						
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess	. , ,					
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.					
Over \$17,000,000		\$1,000,000.						
•	•	of line 1f)						
· ·		s, enter -0						
		s, enter -0						
j If there is an amount othe section 4911 tax for this	er than zero on eithers year?	line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No			
(Som	e organizations the columns be	4-Year Averaging Period at made a section 501(h) elow. See the separate ins	lection do not have to	complete all of the five				
		oying Expenditures During						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2 a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								
BAA	AA Schedule C (Form 990) 2021							

Schedule C (Form 990) 2021 Rethink Priorities 84-3896318 Page 3

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)).

	(a	1)	(b)	
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity.			Amount	
See Part IV 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?		Χ		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ			
c Media advertisements?		Χ		
d Mailings to members, legislators, or the public?		Χ		
e Publications, or published or broadcast statements?		Χ		
f Grants to other organizations for lobbying purposes?		Χ		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ		9,198.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		
i Other activities?		Χ		
j Total. Add lines 1c through 1i			9,198.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ		
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2a	
ı	Carryover from last year.	2b	
(: Total.	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

Staff working on issues related to invertebrate welfare met with legislators in the European Parliament to discuss how proposed legislation might impact insect farming, and to discuss legislators interests in animal welfare.

BAA Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Rethink Priorities

				84-3896318
Par	t Organizations Maintaining Donor A	dvised Funds or Other	Similar Funds or Acc	counts.
•	Complete if the organization answer	ed 'Yes' on Form 990, P	art IV, line 6.	
		(a) Donor advised fund	ds (b) F	unds 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			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	advisors in writing that the ass anization's exclusive legal con	ets held in donor advised trol?	funds Yes No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing t the donor or donor advisor, or	hat grant funds can be us for any other purpose cor	ed only nferring Yes No
_				
Par			IV / IV - 7	
	Complete if the organization answer			
1	Purpose(s) of conservation easements held by the	· ·	···	
	Preservation of land for public use (for example,	recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi-	fied historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation contribu	tion in the form of a conser	vation easement on the
			H	Held at the End of the Tax Year
a	Total number of conservation easements		2a	
	Total acreage restricted by conservation easemen			
	Number of conservation easements on a certified			
	Number of conservation easements included in (c) structure listed in the National Register		2d	
3	Number of conservation easements modified, transfer tax year ►	red, released, extinguished, or to	erminated by the organization	on during the
4	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regard	ding the periodic monitoring, in	spection, handling of viol	ations,
	and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, insper-	ecting, handling of violations, an	d enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspectin ▶\$	g, handling of violations, and en	forcing conservation easem	ents during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requir	ements of section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answer			nilar Assets.
1 a	a If the organization elected, as permitted under FA historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial sta	or public exhibition, education,	or research in furtherance	I balance sheet works of art, e of public service, provide in
ŀ	If the organization elected, as permitted under FA historical treasures, or other similar assets held for pure following amounts relating to these items:	ublic exhibition, education, or res	earch in furtherance of pub	lic service, provide the
	(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, histo amounts required to be reported under FASB ASC			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			

Part III Organizations Mainta	ining Colle	ctions of A	Art, Historic	al Treasures, or	Other Similar <i>I</i>	Assets (cont	inued)
3 Using the organization's acquisition items (check all that apply):	ı, accession, ar	nd other recor	ds, check any o	of the following that ma	ke significant use o	of its collection	
a Public exhibition		c	Loan or e	xchange program			
b Scholarly research		е	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ration's collecti	ons and expla	ain how they fur	ther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	han to be mai	ntained as p	art of the orga	nization's collection?.		Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	i ents. Com Form 990	nplete if the , Part X, line	organization ans e 21.	wered 'Yes' on	Form 990, F	Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other in	termediary for	contributions or other	r assets not includ	led Yes	No
b If 'Yes,' explain the arrangement						🔲 133	
,		·	· ·			Amount	
c Beginning balance					1c		
d Additions during the year					. 1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	amount on For	m 990, Part	X, line 21, for	escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here it	f the explanation	on has been provided	on Part XIII		
Part V Endowment Funds. C	omplete if	the organi:	zation answ	ered 'Yes' on For	<u>m 990, Part IV</u>	', line 10.	
	(a) Current	year	(b) Prior year	(c) Two years back	(d) Three years b	oack (e) Four	years back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentag		nt year end b	palance (line 1	g, column (a)) held a	s:		
a Board designated or quasi-endowm			_% _				
b Permanent endowment ►	%						
c Term endowment ►	 %						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in to organization by:	the possession	of the organiz	zation that are I	neld and administered f	for the	Ye	s No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ions listed as	s required on S	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the	organization'	s endowment	funds.			
Part VI Land, Buildings, and Complete if the organi			s' on Form S	990. Part IV. line	11a. See Form	990. Part X	. line 10.
Description of property		(a) Cost or o	ther basis	(b) Cost or other basis (other)	(c) Accumulated depreciation		
1 a Land		(230	7				
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colum		gual Form 99	0, Part X, colu	ımn (B), line 10c.)		. •	0.
BAA			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		chedule D (Form	

Schedule D (Form 990) 2021

Complete if the organization answered	d 'Voc' on Form 99	O Dart IV/ line 11h See Form 0	On Part V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(D) Doon value	(c) method of variation, cost of ond o	1 your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)	-		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.	10/ 1 5 00	N/A	00 D IV II 10
Complete if the organization answered		0, Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
<u>(8)</u> (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	-		
Part IX Other Assets.			
IF ALL IN OLLIGI ASSOCIS.	N/A	Λ	
Complete if the organization answered	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De	N/A d 'Yes' on Form 99 escription	N 0, Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
Complete if the organization answered (a) De	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4)	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) December (1) (2) (3) (4) (5)	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) December 1 (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	d 'Yes' on Form 99	A 0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (do not be equal form 990).	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See Form 9	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) December 2 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the complete if the organization answered 'Yes' on the complete if the organization and the complete if the organization answered 'Yes' on the complete if the organization and the complete if the organization and the complete if the organization and	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description	d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) December 1 (b) Column (c) Column (d) Column (d) Column (d) Column (e) Column	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) December 1 (b) Complete if the organization answered (a) December 2 (c) Complete if the organization answered (a) December 2 (c) Complete if the organization answered (a) Descember 2 (d) Descember 2 (e) December 3 (f) Federal income taxes (g) Complete if the organization answered (a) Descember 3 (g) December 3 (h) December 4 (h	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) December 1 (b) Column (c) Column (d) Column (d) Column (d) Column (e) Column	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) part X Complete if the organization answered 'Yes' on 1. (a) Description (b) Pederal income taxes (2) (3) (4) (5)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' on the organization and 'Yes' o	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the properties of the organization answered 'Yes' on the properties of the organization and the properties of the organization and the	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the properties of the organization answered 'Yes' on the properties of the organization and the properties of the organization and the	d 'Yes' on Form 990 escription (B) line 15.)	0, Part IV, line 11d. See Form 9 1e or 11f. See Form 990, Part X, line 25.	(b) Book value (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,702,287.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	5,702,287.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	5,702,287.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	า
		••
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		••
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,030,457.
	1	
1 Total expenses and losses per audited financial statements	1	
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2 e	2,030,457.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2 e	2,030,457.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2e 3	2,030,457.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3	2,030,457.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2e 3	2,030,457.

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

BAA Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	think Priorities				84-38963	
Pa	rt I General Informati on Form 990, Par		es Outside the	e United States. Complet	te if the organization	n answered 'Yes'
1				substantiate the amount of its election criteria used to award		
2	For grantmakers. Describe in United States.	n Part V the organi	zation's procedures	s for monitoring the use of its gra	ints and other assistance	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)Part V	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	East Asia/Pacific		4	Program services	Remote research	42,099.
<u> </u>	Europe/Iceland/Greenl		-	110914111 20111202	1.0	12/0331
(2)	and		20	Program services	Remote research	510,644.
(-/	Europe/Iceland/Greenl		20	Indian Services	Nemote research	310,044.
(3)	and		20	Fundraising activities		87,538.
						·
(4)	North America		3	Program services	Remote research	104,411.
	Central					
(5)	America/Caribbean		1	Hiring support		40,960.
	Europe/Iceland/Greenl			Employer of record		
(6)	and		20	service		92,432.
	Europe/Iceland/Greenl					
(7)	and		20	Legal fees		4,711.
				Employer of record		
(8)	North America		3	service		6,156.
(9)	South Asia		1	Program services	Remote research	8,762.
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
•	a Subtotal		92			897,713.
I	b Total from continuation sheets to Part I					

0

897,713.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
									_

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

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Schedule F (Form 990) 2021

84-3896318

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2021

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign iration (see Instructions for Form 926)	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain on Corporations (see Instructions for Form 5471)	Yes	X No
4	electin <i>Returr</i>	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865).	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

 BAA
 TEEA3505L
 10/28/21
 Schedule F (Form 990) 2021

Part V Supplemental Information

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

Part I - Additional Supplemental Information

Activities conducted outside the United States are limited to remote workers who live in other countries and are hired through a global employment outsourcing firm. The activities primarily include online research / literature reviews.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Rethink Priorities

Employer identification number

84-3896318

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Rethink Priorities' mission is to bridge the gap between charitable interventions and the most neglected causes by providing expedited, professional research valuable to the non-profit sector on an ongoing basis in the areas of animal welfare, existential risk mitigation, mental health, and global health and development.

Form 990, Part III, Line 1 - Organization Mission

Rethink Priorities' mission is to bridge the gap between charitable interventions and the most neglected causes by providing expedited, professional research valuable to the non-profit sector on an ongoing basis in the areas of animal welfare, existential risk mitigation, mental health, and global health and development.

Form 990, Part III, Line 4d - Other Program Services Description

Human Neartermism: We research how organizations working to improve global health and reduce global poverty can best measure their impact. We conducted hundreds of hours of research in 2021, and communicated our findings to organizations working in the global poverty space and to the general public.

The Insect Welfare Project explores methods for ensuring that the emerging insect farming industry follows higher animal welfare practices through outreach to investors and industry groups. The project explores potential charitable interventions in this space through research.

Form 990, Part VI, Line 11b - Form 990 Review Process

The board of directors will electronically review Form 990 and audited financial statements prior to submission. Submission will only occur upon majority vote by the board of directors.

Ī	Name of the organization	Employer identification number
	Rethink Priorities	84-3896318

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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All staff and board members declare conflicts of interest annually. Prior to financial decisions and programmatic decisions, conflicts are reviewed and adressed as relevant. Restrictions include TDOKEs recusing themselves from decision making processes.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Rethink Priorities uses a formula for setting compensation for all staff that is based on comparability data. Salaries for Co-CEOs and COO are reviewed by the board of directors, who vote on their approval or disapproval. Marcus Davis, Board President, recuses himself from this process. This process last occurred in 2021.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Rethink Priorities uses a formula for setting compensation for all staff that is based on comparability data. Salaries for the COO are reviewed by the board of directors, who vote on their approval or disapproval. Marcus Davis, Board President, recuses himself from this process. This process last occurred in 2021.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and the conflict of interest policy are available upon request. Financial statements are available on the organization's website.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fund- <u>raising</u>
Compliance services Human resources services Other fees for services Payroll & benefits admin	Total \$	9,279. 33,545. 180,240. 98,588. 321,652.	177,199. \$ 177,199.	9,279. 33,545. 3,041. 98,588. \$ 144,453.	\$ 0.