Form **990**

Return of Organization Exempt From Income Tax

...

OMB No. 1545-0047

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.

Open to Public

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

Open to Public Inspection

ax year beginning July 1 2022 and ending July 30

2023

Ā	For the	2022 calend	dar year, or tax year beginning Jul 1 , 2022, and endi	ing Ju	n 30	, 20 23
В	Check if	applicable:	C Name of organization Oil Change International, Inc.		D Empk	oyer identification number
	Address	change	Doing business as			272355
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
	Initial ret	urn	714 G Street, SE	202	(202)	518-9029
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	d return	Washington, DC 20003		G Gross	receipts \$8,068,848.
	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a gro		or subordinates? Yes X No
			Elizabeth Bast, 714 G Street, SE, #202, Washington, DC 20	0003 H(b) Are all su	bordinate	es included? Tyes No
1	Tax-exer	npt status:	▼ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			st. See instructions.
J	Website	a.www	riceofoil.org	H(c) Group ex	emption	number
K	Form of c		Corporation Trust Association Other L Year of form	nation: 2005	M State	of legal domicile: DC
_	art !	Summa				
	1		cribe the organization's mission or most significant activities: $_{ m TO-C}$	onduct on a	oina r	ublic education
e	1		earch regarding the environmental, human rights,			
Governance			associated with the production and consumpti			
/err	2		box if the organization discontinued its operations or disposed			
é			voting members of the governing body (Part VI, line 1a)		3	14
જ	4	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	14
jes	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2a)		5	14
Activities &	1		per of volunteers (estimate if necessary)		6	0
Ä			ated business revenue from Part VIII, column (C), line 12		7a	0,
			ed business taxable income from Form 990-T, Part I, line 11		7b	0.
Revenue		· · · · · · · · · · · · · · · · · · ·		Current Year		
	8	Contributio	340.	7,726,421.		
	1	Program se				
eve		_	income (Part VIII, column (A), lines 3, 4, and 7d)		158.	297.
OC.			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		797.	342,130.
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,655,		8,068,848.
			similar amounts paid (Part IX, column (A), lines 1-3)		111.	50,270.
			aid to or for members (Part IX, column (A), line 4)		00,20,0,	
Ø	1		her compensation, employee benefits (Part IX, column (A), lines 5-10)	1,636,	591.	2,426,191.
Se			al fundraising fees (Part IX, column (A), line 11e)			
Expenses			aising expenses (Part IX, column (D), line 25) 263, 182.			
Ω			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,216,	163.	3,116,161.
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,947,		5,592,622.
	19		ss expenses. Subtract line 18 from line 12	1,707,		2,476,226.
Net Assets or Fund Balances				Beginning of Curre		End of Year
sets	20	Total asset	s (Part X, line 16)	3,725,	119.	6,465,410.
\$ 4 B	21	Total liabilit	iles (Part X, line 26)		363.	324,428.
울둔	22	Net assets	or fund balances. Subtract line 21 from line 20	3,664,		6,140,982.
Pa	art II	Signatu	re Block			
Un	der penal	ties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the	best of r	ny knowledge and belief, it is
tru	e, correct,	and complete	 Declaration of preparer (other than officer) is based on all information of which preparer. 	rer has any knowled	g e ,	
				05,	/03/2	024
Sig		Signature of o	ificer	Date		
He	re		abeth Bast, Executive Director			
		Type or print i	name and title			
Pa	id	Print/Type	preparer's name Preparer's signature	Date	Check [if PTIN
	eparei	Dougla	s S. Corey, CPA	05/14/2024	self-emp	loyed P00635040
	e Only	Firm's nam		Firm's	EIN 5	4-1650356
		Firm's add		A 22030 Phone	no. (7(03)354-2900
Ma	y the IR	S discuss t	nis return with the preparer shown above? See instructions			. ⊠Yes □No
_						

		REV 05/17/23	PRO		Form 990 (2022)
le_	Total program service expenses	4,855,942.			
	(Expenses \$ including) (Revenue \$)	
1d	Other program services (Describe or	n Schedule O.)	4.4		

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	of fossil fuel on our so				
	domestic fossil fuel sub	·			19
	fuel industry's influence				
	expansion and oil and ga				
	development in the Unite				
	United States - Educate	the public regardi	ing the impacts on	fossil fuel	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		,	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	×
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			ŀ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	×
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	16900,000.00	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l		
	complete Schedule D, Part VI	11a	×	<u> </u>
þ	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			
_	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		×
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		
لم	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	├──	×
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.4		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	<del>                                     </del>	X
e	Did the organization report an amount for other labilities in Part X, line 257 if "Yes, complete schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	rie	<b> </b>	×
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	J	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>                                     </u>	×	-
12a	Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	-	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b>-</b>	×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	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	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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	x	

Part	Checklist of Required Schedules (continued)			1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	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	<u> </u>	 V	
b	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	1c	Yes	No equation explored examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples examples

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 14			994439441 62-00-00-0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	eles e	×
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).		444714	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			\$150 Sec.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100 00 00 00 00 00 00 00 00 00 00 00 00		eliyerist. Baranis
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	15-1015 (2.10s)	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		×
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		NAME OF	elegerica.
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	100000	15,744.44 15,044.44	100000
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			April por April por
а	Initiation fees and capital contributions included on Part VIII, line 12		Addition for	ennegde. Whatie
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			special con
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			elektrik Elektrik
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			egisiça galça. Paradosina
100	against amounts due or received from them.)	100		energy en
12a b	If "Yes," enter the amount obtax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4864 (4) 4865 (4)	espagesta. Havitime
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2534 (+) (	<u> </u>
-	Note: See the instructions for additional information the organization must report on Schedule O.	146,000		11414
b	Enter the amount of reserves the organization is required to maintain by the states in which			all freeze e
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4		v
		15	'agagaagaas'	×
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40	45.74.75.15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			ı
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		i
	If "Yes," complete Form 6069.	n var valori Erikiya valori	gravenina.	2012

Part VI

Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struci	tions.
Section	on A. Governing Body and Management			
,			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		54455 8655	
b 2	Enter the number of voting members included on line 1a, above, who are independent .    1b 14  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	3		<u>×</u>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	4		×
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		×
b	one or more members of the governing body?	7a		×
8	stockholders, or persons other than the governing body?	7b		×
а	the year by the following: The governing body?	8a	×	
b 9	Each committee with authority to act on behalf of the governing body?	8b	×	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b 12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104		TWO COLORS
_	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sect	ion 5	01(c)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f intere	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords.		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no				atio	n c	ompe	ารล	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or directo	unles	Pos eck is pe	more	than of is both or trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Thomas Cavanagh Director	1.00	×		Ç.	)			0.	0.	0.
(2) Jonathan Kaufman Director	1.00	×	5					0.	0.	0.
(3) Leslie Harroun Chair	1.00	Z		×				0.	0.	0.
(4) Rebecca Solnit Director	1.00	×						0.	0.	0.
(5) Elizabeth Bast Executive Director	36.00			×		×		130,818.	0.	0.
(6) Nnimmo Bassey Director	1.00	×						0.	0.	0.
(7) Melissa Mills Secretary	1.00	×		×				0.	0.	0.
(8) Analia Penchaszadeh Vice Chair and Treasurer	1.00	×		×				0.	0.	0.
(9) Pallavi Phartiyal Director	1.00	×						0.	0.	0.
(10) Renato Redentor Constantino Director	1.00	×			:			0.	0.	0.
(11)B Fulkerson Director	1.00	×						0.	0.	0,
(12) Ilana Solomon Director	1.00	×						0.	0.	0.
(13)Ximena Warnaars Director	1.00	×						0.	0.	0.
(14) Niranjali Amerasinghe Director	1,00	×						0.	0.	0.

Part	rustees,	, Key Employees, and h						lighest Compensated Employees (continued)				
			}		,	C)			]			
	(A)	(B)	Position						(D)	(E)		(F)
	Name and title	Average	. (do not check more than or box, unless person is both						Reportable	Reportable		Estimated amount
		hours	office				or/trust		compensation	compen		of other
		per week (list any	익方	긆	ð	8	る注	T.	from the organization (W-2/	from re		compensation from the
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-N		organization and
		related	cto	ġ		ם	8 8	4	1099-NEC)	1099-1	VEC)	related organizations
		organizations below	٦ Ħ	2 1:		oye	ફ					
		dotted line)	ğ	ารเ		100	) šens					
			"	8			at e		1			
(4.E)	, , , , , , , , , , , , , , , , , , , ,		<del> </del>			├		╁─				
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(17)		<b></b>	-								7	
44.00				_		<u> </u>		┞		<b>A</b>	<del>_</del>	
(18)			-									
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(21)						ŀ		1	V			
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(22)												
(23)												
			•									
(24)												
(25)		. (										
7												
1b	Subtotal			•	•	•			130,818.		0.	0.
С	Total from continuation sheets to Part	VII, Sectio	n A									
d	Total (add lines 1b and 1c)								130,818.		0.	0.
2	Total number of individuals (including bu	not limited	to th	ose	list	ted	above	e) w		e than \$1	00,000	
	reportable compensation from the organ						1	•			•	
										·		Yes No
3	Did the organization list any former	officer dire	ector.	tru	ste	e. k	cev e	mp	lovee, or highes	st compe	ensated	1 1
	employee on line 1a? If "Yes," complete											3 ×
4	For any individual listed on line 1a, is the							n a	and other compe	nsation fi	om the	
•	organization and related organizations											
	individual			,,				-,				4 ×
5	Did any person listed on line 1a receive of	r accrue co	ampei	กรลร	lion	fro	m anv	Lun	related organizal	ion or in	dividual	
•	for services rendered to the organization										aividuai	
Conti	on B. Independent Contractors	. ,, , , , ,	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰								• •	5   X
1	Complete this table for your five high	net comp	oneate	ad .	inde	200	ndent	00	intractors that r	ecolved	moro i	than \$100,000 of
•	compensation from the organization. Rep	ort compen	ci isali eatini	su Sfor	the	o ca aha	landa	r va	ar ending with or	within th	e organ	iliali \$100,000 ol iization's tay voar
			BULLO	1101	VI FC			, yc	<del>-</del>	WICHIE CI	o organ	
	(A) Name and business add	ross							(B) Description of serv	icos	١,	(C) Compensation
	Numo una businoss ada							_	- Dodonption of deliv	1003		Domponsation
***************************************												
								_				· · · · · · · · · · · · · · · · · · ·
							_	ļ				
		<del> </del>										
	<del></del>							<u></u>	11 )			nacialista
2	Total number of independent contractor						ed to	) th	lose listed abov	e) who	i vičeni čerelje. Li promodenici	
	received more than \$100,000 of compens	ation from t	ine or	gani	ızat	ion						

Part	VIII	Statement of Revenue Check if Schedule O contains a respon	nse or note to ar	ny line in this Pa	nt VIII		
		Official and a solution of the		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ý g	1a	Federated campaigns 1a					
ant und	b	Membership dues 1b					
ي ق	С	Fundraising events 1c					
ffts, ir A	d	Related organizations 1d					
<u>n</u> i≝	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
utic Ter			7,726,421.				
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in					
ou ind		lines 1a–1f 1g	<u> \$</u>	7 706 403			
0 "	h	Total. Add lines 1a-1f	Business Code	7,726,421.			
ø.	2a		Dosilless Code				
ž "	b				•	$\bigcirc$	
Program Service Revenue	c						
	d					,	
ž ž	е		**************************************		( )		
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f			3		
	3	Investment income (including dividend					
		other similar amounts)		297.	0.	0.	297.
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties					
	α_	(i) Real	(ii) Personal				
	6a	Gross rents 6a Less: rental expenses 6b	1				
	b	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
	'-	sales of assets					
		other than inventory 7a	) `				
ō	b	Less: cost or other basis					
eune		and sales expenses . 7b					
Other Rev	c	Gain or (loss) 7c					Egiste e secretario per el marco de la genera secretario. Establica de la compania de la comp
ж ш	d	Net gain or (loss)					
Ě	8a	Gross income from fundraising					distribution distribution de la company de l
Ü		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b				S - 60 million (20 million and an air air air	
	C	Net income or (loss) from fundraising ev	<u> </u>				
	9a	Gross income from gaming	<u> </u>				
	-	activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activiti	les				
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invent	<del>, '</del>				
Smo		Dadahaan ar t-	Business Code	11 440	11 440		
ned Iue	11a	Reimbursements	999999	11,442.	11,442.	0,	0.
scellaneo Revenue	b	Other income	פעעעעע	330,688.	330,688.	0.	0.
Miscellaneous Revenue	c d	All other revenue					
Σ̈́	e	T-1-1 A-1-1 K 44 44-1		342,130.			
	12	Total revenue. See instructions		8,068,848.	342,130.	0.	297.

# 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).

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, and 10b of Part VIII.	Total Oxpolisos	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	25 000	25 000		
2	Grants and other assistance to domestic	25,000.	25,000.		
-	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	25,270.	25,270.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	130,819.	104,655.	11,774.	14,390.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	١			
	persons described in section 4958(c)(3)(B)			$\sim$	
7	Other salaries and wages	1,630,372.	1,314,811.	144,711.	170,850.
8	Pension plan accruals and contributions (include	1,030,372.	1,314,011.	14,111	170,030.
	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes [	665,000.	577,932.	38,864.	48,204.
11	Fees for services (nonemployees):		s (V)		
а	Management			_	
b	Legal	17,652.	17,652.	0.	0.
C	Accounting	217,852.	123,939.	93,913.	0.
d e	Lobbying				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	1,909,767.	1,769,467.	118,338.	21,962.
12	Advertising and promotion	19,931.	12,899.	6,307.	725.
13	Office expenses	16,116.	10,842.	1,773.	3,501.
14	Information technology	99,208.	91,685.	5,406.	2,117.
15	Royalties	100 100		0.054	
16	Occupancy	102,435.	99,584.	2,851.	0.
17 18	Travel	443,147.	438,793.	4,354.	0.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	16,360.	0.	16,360.	0.
23	Insurance	20,749.	8,916.	11,833.	0.
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.)				
a	Research materials	97,206.	97,081.	125.	0.
b	Telecom/internet	58,396.	53,819.	3,583.	994.
C	Periodicals and subscriptions	53,504.	42,127.	11,189.	188.
d	Copying and printing	26,729.	25,567.	911.	251.
е	All other expenses	17,109.	15,903.	1,206.	0.
25	Total functional expenses. Add lines 1 through 24e	5,592,622.	4,855,942.	473,498.	263,182.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	j			
	from a combined educational campaign and				
	fundraising solicitation. Check here [] if				
	following ŠOP 98-2 (ASC 958-720)	REV 05/17/23 PRO			Form 990 (2022)

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Part X Balance Sheet (A) (B) Beginning of year End of year 1 1,613,197. 1 2,094,624. 2 2 3 3 2,074,924. 4,294,415. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Assets 8 Prepaid expenses and deferred charges . . . 9,223 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a | 115,986. Less: accumulated depreciation . . . . . 10b 69,091. 10c 46,895. b Investments—publicly traded securities . . . . . 11 11 Investments-other securities. See Part IV, line 11 . . . 12 12 13 investments - program-related. See Part IV, line 11 . . . 13 14 14 8,400. 8,400. 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 3,725,119. Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 6,465,410. 16 60,363. 17 324,428. 17 Accounts payable and accrued expenses . . . . . 18 18 Deferred revenue . . . . . . . . . . . . . . . . . 19 19 20 Tax-exempt bond liabilities . . . . . . . . . 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0. 26 60,363. 26 324,428. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 1,315,935. 1,496,671. 28 28 2,348,821. 4,644,311. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . . . . . . . . . 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 Retained earnings, endowment, accumulated income, or other funds. 31 31 32 3,664,756. 32 6,140,982.

3,725,119.

33

Total liabilities and net assets/fund balances . . . . . . . . . . .

3	VI Danas Bisking of New Associa	· · · · · · · · · · · · · · · · · · ·				
Part	Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI					
4	Total revenue (must equal Part VIII, column (A), line 12)	1				
1		2		8,06		
2		3		5,59		
3	Revenue less expenses. Subtract line 2 from line 1	4		2,4		
4	Net unrealized gains (losses) on investments	5		3,60	04, /	56.
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			<del></del>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6,14	10.9	82.
Part	XII Financial Statements and Reporting	,	ŀ	0,2	, .	
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other					spolitingly; alternation
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on			Arriba.
	Schedule O.			eggerte Gwellete	with the late	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	d or			April 1
	reviewed on a separate basis, consolidated basis, or both:					Street at
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b			. [	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited o	n a			niversity
	separate basis, consolidated basis, or both:		ŀ		West en	09859549 8086545
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			(100 to 100 to 1	2011 1 1 1 325 4 1 1 2 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	44-04-
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					ĺ
	the audit, review, or compliation of its financial statements and selection of an independent accoun			2c	×	
	If the organization changed either its oversight process or selection process during the tax year,	explain	on			Billion Control
	Schedule O.				11	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	the	_		
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart 7?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not ur required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	aergo	the	01-		
		audits	•	3b		
	REV 05/17/23 PRO			Forn	1990	(2022)
	•. C •					
	Rublic					

#### **SCHEDULE A** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Name	of the organization					Employer identification	number
	Change International,					20-3272355	
Par							ons.
The o	organization is not a private found						
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section		•		•	1/41/00	
3	A hospital or a cooperative ho						iii) Enter the
4	hospital's name, city, and stat	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6 7							
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	int college of agr	iculture (see instructio	ons), Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	receives (1) more to its exempt fu t income and uni after June 30, 197	than 33½% of its sunctions, subject to cerelated business taxal 5. See <b>section 509</b> (a	pport from rtain exce ole incom )(2). Cor	n contrib eptions; a e (less se npiete Pa	outions, membership and (2) no more than ection 511 tax) from art III.)	fees, and gross 331/3% of its businesses
11	An organization organized and	,					
12	An organization organized and						
	one or more publicly supporte						
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а	Type I. A supporting organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b						upported organization	on(s), by having
	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	The second of the second of the last of	rated. A suppor	ting organization oper	ated in c	onnection	n with, and functiona	lly integrated with,
d							rted organization(s)
u	that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		1 '	•		-		e II, Type III
	functionally integrated, or						• ••
f	Enter the number of supported						
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		·
(A)							
(B)							
(C)							
(D)							
(E)							
Tota							<u>-</u>

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Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (d) 2021 (e) 2022 (b) 2019 (c) 2020(f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . [3,217,773.]3,426,498.]3,298,728.]5,649,949.]7,726,421.]23,319,369. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 3.217,773. 3,426,498. 3,298,728. 5,649,949. 7,726,421. 23,319,369. Total. Add lines 1 through 3 . . . 4 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) . . . . 12,963,325. Public support. Subtract line 5 from line 4 10,356,044. Section B. Total Support (c) 2020 (a) 2018 (b) 2019 (d) 2021 (f) Total Calendar year (or fiscal year beginning in) (e) 2022 98,728. 5,649,949. 3,217,773. 3,426,498 7,726,421. 23,319,369. Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . 156. 157. 297. 878. 89 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . 122,522. 96,133. 48,182. 10,797. 342,130. 619,764. Total support, Add lines 7 through 10 11 23,940,011. 12 12 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 43.26% 14 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 47 % 15 15 331/3% support test -2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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	le A (Form 990) 2022						Page 3
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)			1 . 5
	(Complete only if you checked th	e box on line	10 of Part I	or if the orga	nization failed	to quality un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, piease co	omplete Part	II.)	
	on A. Public Support	( ) 0040	#10040	(10000	T (-1) 0004	(*) 0000	(6 Total
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				5		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				70		
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			10			
C	Add lines 7a and 7b	***************************************					
8	Public support. (Subtract line 7c from line 6.)		C.		er Saga		i
	ion B. Total Support		\O_2		T		r
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	· S					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Ŏ,					
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	=			*	ear as a sectio	
Secti	ion C. Computation of Public Suppor						
15	Public support percentage for 2022 (line						%
16	Public support percentage from 2021 Sci					16	%
	ion D. Computation of Investment In		<del>_</del>		(0)	1 1	
17	Investment income percentage for 2022 (			•	* * * *	17	<u>%</u>
18	Investment income percentage from 2021	r achedule A.	raitiii. IIIIB 17			1 10 1	%

331/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### Part IV Supporti

**Supporting Organizations** 

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

Section	A. All	Supporting	<b>Organizations</b>

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

		Yes	No
9 <i>y</i>	4		
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r	2		
d e	3a		कृष्टिक्य स्थापना । इत्यापना । विकास स्थापना
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Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	0.00	
b c	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b 11c		28/4/2014
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		F 35 35 3	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	instru	ctions	s).
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Secti	on A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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		
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):		9	
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		,
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function (see instructions).	ally i	ntegrated Type III supporti	ng organization

Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continued	<i>"</i>	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp		3	***************************************	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7 8	Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to whice	h the examination is rec		7	<del></del>
0	(provide details in Part VI). See instructions.	it the organization is res	· .		
	Distributable amount for 2022 from Section C, line 6			9	
9 10	Line 8 amount divided by line 9 amount			10	
10	Line 6 amount divided by fine 9 amount		(ii) _	*	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	5	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		S		
3	Excess distributions carryover, if any, to 2022			Accept	
а	From 2017	$Z_{i}V_{j}$		ASTERNATION OF THE PARTY OF THE	
b	From 2018				
С	From 2019				
d	From 2020				
6	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			9996.944 3996.944	
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Pari VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Reimbursements 2018:
90967. 2019: 51294. 2020: 35737. 2021: 5609. 2022: 11442. Description: Sublease
2018: 28350, 2019: 41004, 2020: 12445, Description: Other 2018: 3205, 2019: 3835.
2021: 5188. 2022: 330688.

# Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

DM22

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	Change Internat ation type (check on			20-3272355
Filers of	:	Section:		
Form 99	0 or 990-EZ	⊠ 501(c)(	3 ) (enter number) organization	
		☐ 4947(a)(1) n	onexempt charitable trust not treated as a private fou	ındation
		☐ 527 politica	l organization	
Form 99	0-PF	☐ 501(c)(3) ex	empt private foundation	
		☐ 4947(a)(1) n	onexempt charitable trust treated as a private founda	ition .
		501(c)(3) ta	xable private foundation	<b>3</b> \
Note: Or instruction	nly a section 501(c)(7)	•	General Rule or a Special Rule. anization can check boxes for both the General Rule a	and a Special Rule. See
General			5	
		r property) from	990-EZ, or 990-PF that received, during the year, con any one contributor. Complete Parts I and II. See inst	
Special	Rules		215	
X	regulations under se 16b, and that receive	ections 509(a)(1) ed from any one	tion 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 contributor, during the year, total contributions of the ), Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complet	90), Part II, line 13, 16a, or greater of <b>(1)</b> \$5,000; or
	contributor, during the literary, or education	he year, total con nal purposes, or	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that intributions of more than \$1,000 exclusively for religious for the prevention of cruelty to children or animals. Co intributor name and address), II, and III.	ıs, charitable, scientific,
	contributor, during the contributions totaled during the year for a General Rule applied	he year, contribu I more than \$1,0 In <i>exclusively</i> reli Is to this organiz	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that itions exclusively for religious, charitable, etc., purpos 00. If this box is checked, enter here the total contributious, charitable, etc., purpose. Don't complete any cation because it received nonexclusively religious, character.	es, but no such utions that were received of the parts unless the aritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Oil Change International, Inc.

Employer identification number 20-3272355

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

r are.	Contributors (500 motivations). Coo auphotic copies of		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,400,000.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		1,100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP++4	(c) Total contributions	(d) Type of contribution
4		\$ 640,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$400,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 300,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Oil Change International, Inc.

Employer identification number

20-3272355

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$250,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 320,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9.		595,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 185,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 247,562.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Oil Change International, Inc.

Employer identification number

20-3272355

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	·
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	     \$	
	Description of noncash property given  (b)  (b)  Description of noncash property given	Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Description of noncash property given  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)

Name of organization	Employer identification number	
Oil Change International, Inc.		20-3272355
(10) that total more than \$1,0	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of exclusively religious, charitable, etc., ee instructions.)	
(a) No. from Part I (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	

Transferee's name, address, and ZIP + 4

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		$\bigcap$	
		(V)	l

Relationship of transferor to transferee

	(e) Tr	ansfer	of gift	
Transferee's name, address, and ZIP + 4	•	O.	Relationship of transferor to transfer	ree
A A A A A A A A A A A A A A A A A A A				
. C				

a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Trans	fer of gift
Transferee's name, address, and ZiP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## (e) Transfer of gift

(5) ************************************						
Relationship of transferor to transferee						
***************************************						

#### SCHEDULE C (Form 990)

#### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

	See separate instructions),				
		ganizations: Complete Part III.			11C - 11
	of organization			1 ' '	tification number
	Change Internation	onal, Inc.		20-32723	
Part	-A Complete if the	ne organization is exempt un	der section 501(	c) or is a section 52/ (	organization.
1		of the organization's direct and i	indirect political ca	ampaign activities in Part	by. See instructions for
	definition of "political ca			•	
2		ity expenditures. See instructions			 
3		tical campaign activities. See instr		· · · · · · · · · · · · · · · · · · ·	11
Part		ne organization is exempt un			
1	Enter the amount of any	excise tax incurred by the organi excise tax incurred by organization	zation under sectio	raction 4955	
2		red a section 4955 tax, did it file F			TYes No
3	Ū	?		oai: , , , , ,	Yes No
4a b	If "Yes," describe in Par		_()		
Part	Complete if t	ne organization is exempt un	der section 501(	c), except section 501	(c)(3).
1	Enter the amount direc	ctly expended by the filing organ	ization for section	527 exempt function	<u> </u>
•		, , , , , , , , , , , , , , , , , , ,		\$	
2	Enter the amount of th	e filing organization's funds contr	ibuted to other ord	ganizations for section	,,
_	527 exempt function ac			\$	
3	Total exempt function	expenditures. Add lines 1 and	2. Enter here and	I on Form 1120-POL,	****
	line 17b			\$	
4	Did the filing organization	on file Form 1120-POL for this yea	ar?		Yes No
5	Enter the names, addre	sses and employer identification n	umber (EIN) of all s	section 527 political organi	zations to which the filing
	organization made payr	nents. For each organization listed	, enter the amount	paid from the filing organi	ization's funds. Also enter
	the amount of political	contributions received that were pr	omptly and directly	/ delivered to a separate p	olitical organization, such
	as a separate segregate	d fund or a political action commit	tee (PAC). If addition	nai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Tando, il nono, antor V.	delivered to a separate
					political organization.  If none, enter -0
					111000,01100
(1)	•			***	
(2)					
(3)					
,		, , , , , , , , , , , , , , , , , , ,			
(4)					
(5)					
(0)					
(6)			1		

Par	II-A Complete if the organizatio section 501(h)).					
<b>A</b> C	heck if the filing organization belongs the EIN, expenses, and share of exce			rt IV each affiliate	d group member's	name, address,
3 (	heck if the filing organization checked	box A and "limit	ed control" provis	ions apply.		
	Limits on Lobb (The term "expenditures" m	ying Expenditu eans amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (	grassroots lobbyir	ng)	21,313.	
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
C	Total lobbying expenditures (add lines 1	a and 1b)			21,313.	
C	Other exempt purpose expenditures				4,855,942.	
е	Total exempt purpose expenditures (add	d lines 1c and 1c	d)		4,877,255.	
f	Lobbying nontaxable amount. Enter columns.	the amount fro	om the following	table in both	393,863.	
	If the amount on line 1e, column (a) or (b) is	The lobbying	nontaxable amount	is:		
	Not over \$500,000		ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		gewydd Affiliaeth yw genth, ees ei ei ia 13 februar -
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000.		elio eli propieta del como della
	Over \$17,000,000	\$1,000,000.				
ç	g Grassroots nontaxable amount (enter 25% of line 1f)					
ŀ	Subtract line 1g from line 1a. If zero or le	ess, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero or le				0.	
j	If there is an amount other than zero		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year'				[	YesNo
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
		-	uctions for lines :	2a through 2f.)	of the five column	ns below.
***********	Lobbying	-	uctions for lines : During 4-Year Av	2a through 2f.)	of the five column	ns below.
	Lobbying Calendar year (or fiscal year beginning in)	-	uctions for lines :	2a through 2f.)	(d) 2022	(e) Total
28	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount	j Expenditures	uctions for lines a During 4-Year Av	2a through 2f.) eraging Period		
2a	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount	Expenditures	During 4-Year Av	eraging Period (c) 2021	(d) 2022	(e) Total
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))	Expenditures	During 4-Year Av	eraging Period (c) 2021	(d) 2022	(e) Total
k	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures  Grassroots nontaxable amount	(a) 2019 268, 375.	During 4-Year Av (b) 2020 275, 555.	2a through 2f.) eraging Period (c) 2021 307, 080.	(d) 2022 393, 836.	(e) Total 1,244,846. 1,867,269.
k	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount	(a) 2019 268, 375.	During 4-Year Av (b) 2020 275, 555.	2a through 2f.) eraging Period (c) 2021 307, 080.	(d) 2022 393, 836.	(e) Total 1,244,846. 1,867,269.

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	ption of the lobbying activity.	Yes	No	Aı	noun	t
1	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 b	Volunteers?					
C	Media advertisements?			udu —udu—ga dara		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Other activities? ,		\ Vegati			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				enggy-Nager	apalyanan
b	If "Yes," enter the amount of any tax incurred under section 4912	<b>\</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1000
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	n inggi Linudji	Paralasin Paralasin	***************************************		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part I		)(5), ¢	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	res	NO
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			3		
Part I	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	)(5), d ₹ (b)	or se Part	ction III-A, I	ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	•	2a			
b	Carryover from last year	•	2b			
с 3	Total	•	2c			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	uie ina				
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	,	5	···· · · ····		
Part						
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	up list	t); Par	t II-A, li	nes 1	and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PL I.	I-B Line 1: Visit Senate and House staff and members on fossil					
Pt II	-B Line 1: fuel subsidies and fossil fuel supply side policy.					
Pt II	-B Line 1: Grassroots includes communications with list members					
Pt II	-B Line 1: regarding fossil fuel subsidies and fossil fuel supply					
Pt II	-B Line 1: side policy.	********				

Schedule C (For	n 990) 2022	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 20-3272355 Oil Change International, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . 2b Total acreage restricted by conservation easements . . . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part		Organizations Maintaining							
3		the organization's acquisition, ition items (check all that apply):	accession, and oth		•	Ū	significant use of its		
a	☐ Pu	olic exhibition			Loan or exchang				
b	☐ Sc	nolarly research		e	Other		******		
C		servation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5		the year, did the organization							
	assets	to be sold to raise funds rather	than to be maintair	ned as p	part of the organizati	ion's collection?	☐ Yes ☐ No		
Part		Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes"			·			
1a		organization an agent, trustee ed on Form 990, Part X?				tions or other assets n	ot □ Yes □ No		
þ	If "Ye:	s," explain the arrangement in P	art XIII and complet	e the fo	llowing table:	A	Amount		
C	Begin	ning balance				1c			
d	Additi	ons during the year				10			
е		outions during the year				1e			
f		g balance				11			
2a	Did th	e organization include an amoui	nt on Form 990, Pai	rt X, line	21, for escrow or c	ustodial account liability	y? 🗌 Yes 🗌 No		
b		s," explain the arrangement in P							
Par	t V	Endowment Funds.			.(/)				
		Complete if the organization	answered "Yes"	on For	m 990, Part IV, lin	e 10.			
***			(a) Current year	(b) Pri	or year (c) Two yea	rs back (d) Three years bac	k (e) Four years back		
1a	Begin	ning of year balance							
þ	Contr	butions			9				
C		vestment earnings, gains, and		VC)				
d	Grant	s or scholarships	1						
е		expenditures for facilities and ams	·.C	J			October 1997 Annual Control of Co		
f	Admir	istrative expenses							
g		f year balance							
2	Provid	le the estimated percentage of t	he current year end	balanc	e (line 1g, column (a	i)) held as:			
a	Board	designated or quasi-endowme	nt %	, o					
b	Perma	anent endowment	%						
C	Term	endowment %							
	The p	ercentages on lines 2a, 2b, and	2c should equal 10	0%.					
3a		ere endowment funds not in the			zation that are held	and administered for the	he		
	organ	ization by:					Yes No		
	(i) Ui	nrelated organizations	<i>.</i>				3a(i)		
	(ii) Re	elated organizations					3a(ii)		
b	If "Ye	s" on line 3a(ii), are the related o	rganizations listed a	as requi	red on Schedule R?		3b		
4	Descr	be in Part XIII the intended uses	of the organization	n's endo	wment funds.				
Pari	· VI	Land, Buildings, and Equip	ment.						
		Complete if the organization	answered "Yes"	on For	m 990, Part IV, line	e 11a. See Form 990	, Part X, line 10.		
		Description of property	(a) Cost or othe (investment		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land			0.			0.		
b		ngs			N. N				
C		hold improvements	,		"		 ,		
d		ment			115,986.	69,091.	46,895.		
ę					.,		,,		
		ies 1a through 1e. (Column (d) n		0. Part >	C. column (B). line 10	Oc.)	46,895.		

Part VII	Investments—Other Securities.	000 5-414 15-	- 44b O Faura 000 David V Bros 16	1
	Complete if the organization answered "Yes" on For (a) Description of security or category	m 990, Part IV, IIn (b) Book value	(c) Method of valuation:	<u></u>
	(including name of security)	(b) Book value	Cost or end-of-year market value	
(1) Financial				
	neld equity interests			
(3) Other			- Allert - A	
(A)			1	
(B) (C)				
(D)				
(E)	***************************************			
(F)		-		
(G)				
(H)			<u> </u>	
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	on OOO David IV lin	as 11a See Form 000 Port V line 1	3
	Complete if the organization answered "Yes" on For		tol-Method of valuation:	3.
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)		(
(2)	, , , , , , , , , , , , , , , , , , , ,			
(3)	The second secon			
(4)		. (/)		
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			<u>.</u>
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 1	5.
	(a) Description		(b) Book value	
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6) (7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete in the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X,	
4	line 25.			
1. (1) Federal in	(a) Description of liability		(b) Book value	
(2)	icome taxes			0.
(3)				<u> </u>
(4)			····	
(5)				
(6)				
(7)				
(8)	Mark to the state of the state			
(9) Tatal (Oals	man (h) manak asara (Course COO) David V at 1 (O) (1 at 1)			
	<i>mn (b) must equal Form 990, Part X, col. (B) line 25.)</i> r uncertain tax positions. In Part XIII, provide the text of the footn			0.
	's liability for uncertain tax positions under FASB ASC 740. Check			X

	Reconciliation of Revenue per Audited Financial Statements with Revenue per		
·········	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T-2 1	0.000.040
1	Total revenue, gains, and other support per audited financial statements		8,068,848.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	4	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.060.040
3	Subtract line 2e from line 1	3	8,068,848.
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		
þ	Otto (Booting III at this)	4c	
C	Add lines 4a and 4b		9 069 949
5			8,068,848.
Part		oi Hotu	1111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	E E02 622
1	Total expenses and losses per audited financial statements) 	5,592,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	√	
a	Donated services and use of facilities	\exists	
b			
C	Other losses	-	
d	Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1	3	5,592,622.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1004V440.7 15-314-524-	3/332/022.
4	Investment expenses not included on Form 990, Part VIII, line 7b	100000000	
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,592,622.
	XIII Supplemental Information.		-,
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Part V	line 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		
,			
Pt X	, Line 2: The Organization follows the guidance of Accounting		
	, Line 2: The Organization follows the guidance of Accounting		
	, Line 2: The Organization follows the guidance of Accounting		
Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income		
Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income		
Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which		
Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which		
Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for		
Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which		
Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or		
Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for		
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Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or		
Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such		
Pt X Pt X Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such		
Pt X Pt X Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such , Line 2: uncertain tax positions for the year ended June 30, 2023.		
Pt X Pt X Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such , Line 2: uncertain tax positions for the year ended June 30, 2023.		
Pt X Pt X Pt X Pt X Pt X Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such , Line 2: uncertain tax positions for the year ended June 30, 2023. , Line 2: The Organization's tax returns are subject to possible		
Pt X	, Line 2: The Organization follows the guidance of Accounting , Line 2: Standards Codification (ASC) 740, Accounting for Income , Line 2: Taxes, related to uncertainties in income taxes, which , Line 2: prescribes a threshold of more likely than not for , Line 2: recognition and derecognition of tax positions taken or , Line 2: expected to be taken in a tax return. There are no such , Line 2: uncertain tax positions for the year ended June 30, 2023. , Line 2: The Organization's tax returns are subject to possible		
Pt X	Line 2: The Organization follows the guidance of Accounting Line 2: Standards Codification (ASC) 740, Accounting for Income Line 2: Taxes, related to uncertainties in income taxes, which Line 2: prescribes a threshold of more likely than not for Line 2: recognition and derecognition of tax positions taken or Line 2: expected to be taken in a tax return. There are no such Line 2: uncertain tax positions for the year ended June 30, 2023. Line 2: The Organization's tax returns are subject to possible Line 2: examination by taxing authorities. For federal income ta Line 2: purposes, the tax returns essentially remain open for	×	
Pt X	Line 2: The Organization follows the guidance of Accounting Line 2: Standards Codification (ASC) 740, Accounting for Income Line 2: Taxes, related to uncertainties in income taxes, which Line 2: prescribes a threshold of more likely than not for Line 2: recognition and derecognition of tax positions taken or Line 2: expected to be taken in a tax return. There are no such Line 2: uncertain tax positions for the year ended June 30, 2023. Line 2: The Organization's tax returns are subject to possible Line 2: examination by taxing authorities. For federal income tax	×	

Part XIII	Supple	emental Infor	mation (co	ntinuea)						
Pt X, L	ine 2:	respective	e filing	deadlines	of those	returns				
					All the decide the time for the specific specifi					
					*					
~ * * * * * * * * * * * * * * * * * * *								* * * * * * * * * * * * * * * * * * *		
				*****************		***************				
			***********							******
		****						*****		*****
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				*******	***************************************	40)			
***	No ndo nahi yaki diki dan ya ndo nahi kiki Saki dan o		~ * * * * * * * * * * * * * * * * * * *). No divide sphilling of the day should be source on the own spirit					
			*******	***********	C					
					(0)	<u></u>				
				<u>(C)</u>)	*************		**********		*
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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.

20**22**

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number Oil Change International, Inc. 20-3272355 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to □ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, a program service, describe specific type of service(s) in the region of offices in region (by type) (such as, expenditures for agents, and the region fundraising, program services, and investments independent investments, grants to recipients in the region contractors located in the region) in the region 0 (1) Europe program services fuel fights 12,000. (2) North America 0 program services fossil fuel fights 1,000. 0 (3) East Asia and Pacific fossil fuel fights program services 3,500. (4) Sub-Saharan Africa 0 2 8,770. ervices fossil fuel fights program (5) (6)(7) (8) (9)(10)(11)(12)(13)(14)(15)(16)(17)Subtotal 0 11 25,270. Total from continuation sheets to Part I . . .

Totals (add lines 3a and 3b)

25,270.

Page 2

Schedule F (Form 990) 2022

	line 15, for ar	Part IV, line 15, for any recipient who received mo	sceived more than \$	5,000. Part II can	be duplicated if a	ditional space is	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	
f (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)
0		Sub-Saharan Mfrica	Swaziland crisis					
(2)		Sub-Saharan Africa	Swaziland	-				
(3)		Sub-Saharan Africa	Fossil fuel resist					
(6)		Africa	multi-stkhld					
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(13)							A LA SALAYAN AND THE REAL PROPERTY OF THE REAL PROP	
(14))	C		
(15)						9		
(16)						Y		
2 Enter total nu	umber of recipion	Enter total number of recipient organizations listed above	sted above that are r	recognized as char	that are recognized as charities by the foreign country, recognized as a tax	country, recognized	as a tax	V
3 Enter total nui	mber of other c	Enter total number of other organizations or entitles	exempt so items asserted by the that of the winds the grantee of courses has provided a section so items equivalency letter Enter total number of other organizations or entities	counsel has provide	u a section 30 (C)(3)	פלחואמופווכא ופוופו		t
	mber of other c	organizations or entit	ies	•		•		▲

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Schedule F (Form 990) 2022

Page 3

Schedule F (Form 990) 2022

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. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ <u>N</u> ල <u>4</u> <u>බ</u> <u>©</u> (10) \mathbb{E} 8 <u></u> (12)(13) 14 (15) (16) (13) 18

Schedule F (Form 990) 2022

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

REV 05/17/23 PRO

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990) . . .

Schedule F (Form 990) 2022

Yes

X No

Part V Suppler

Supplemental	Information
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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.

Line 2: must provi	de a narrative and r	eturn unused grant	funds.	
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	···C)			

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Oil Change International,

Part

Open to Public Inspection 2022

Employer identification number

20-3272355

%□

X Yes

OMB No. 1545-0047

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedu	ires for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organ Part IV line 21 for any reclaimst that received more	sistance to D		ations and Don	lestic Governm	izations and Domestic Governments. Complete if the organization than \$5,000. But II can be displayed if additional space is peopled.	the organization answe	izations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
ו מוני, ווופ בו, וטו מוץ	יבטולובו ויושו	ופרבועבת וווסוב וו	מום בסיססים	ממומחם שם ושט וו	ted II additional S	Jace is liceded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and go ganizations liste	vernment organiza d in the line 1 table	tions listed in the l	ine 1 table			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	ns for Form 990.	BAA			REV 05/17/23 PRO	30 Schedule I (Form 990) 2022

Part	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individu	als. Complete if the	e organization answ	rered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Ψ-						
2	X					
က						
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Part IV	Supplemental Information. Provide the information reguired in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	ie 2; Part III, columr	ι (b); and any other additi	onal information.
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SCHEDULE O (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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

20-3272355 Oil Change International, Inc Pt VI, Line 11b: Board members have the opportunity to review the 990 Pt VI, Line 11b: ask any questions prior to filing. Pt VI, Line 15a: The board of directors determines the executive director Pt VI, Line 15a: salary based on comparative data. Pt VI, Line 18: The Organization will provide the 990 upon request Pt VI, Line 12c: The Organization has a small staff The board Pt VI, Line 12c: and Executive Director monitor compliance wi Pt VI, Line 12c: conflict of interest policy Pt XII, Line 2c: The board finance committee's responsi Pt XII, Line 2c: include oversight of the audit Pt VI, Line 15b: The executive director determin Pt VI, Line 15b: employees based on comparat ndustry data upon request Pt VI, Line 19: Documents are available Pt IX, Line 11g: Description: International Total: \$1,232,871 Program services: Management and genera 531 Fundraising: Description: Other Total: \$293,025 Program services: \$255,959 Management and general: \$19,635 Fundraising: \$17,431 Description: Research

Name of the organization	Employer identification number
Oil Change International, Inc.	20-3272355
Total: \$214,870	
Program services: \$214,870	
Management and general: \$0	
Fundraising: \$0	
Description: Facilitation	
Total: \$64,655	
Program services: \$16,322	
Management and general: \$48,333	
Fundraising: \$0	~OX
Description: Interpretation	<u>U</u>
Total: \$42,976	.0,
Program services: \$42,976	
Management and general: \$0	
Fundraising: \$0	······
Description: Administrative	
Total: \$9,425	
Program services: \$0	
Management and general: \$9,425	
Fundraising: \$0	
Description: Training	***************************************
Total: \$24,000	
Program services: \$24,000	
Management and general: \$0	
Fundraising: \$0	
Description: Recruiting	
Total: \$3,815	
Program services: \$3,390	

Form 990 Part IX, Line 11g

Name Employer Identification No. Oil Change International, Inc. 20-3272355

	T	I	r 	I
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
International staff	1,232,871.	1,187,820.	40,520.	4,531.
Other	293,025.	255, 959.	19,635.	17,431.
Research	214,870.	214,870.	0.	0.
Facilitation	64,655.	16,322.	48,333.	0.
Interpretation	42,976.	42,976.	0.	0.
Administrative	9, 425.	0.	9,425.	0.
Training	24,000.	24,000.	0.	0.
Recruiting	3,815.	3,390.	425	0.
Editing	24,130.	24,130.		0.
	Ois,			
Total to Form 990, Part IX, line 11g	1,909,767.	1,769,467.	118,338.	21,962.