Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

A For the 2020 calendar year, or tax year beginning and ending						
B Check if applicable:		C Name of organization	on		D Employer identification number	
	Addres	BLACKSMITH INSTITUTE, INC.				
Name change Initial return Final return/ terminated X Amended return Application pending		Doing business as PURE EARTH		13-40757	79	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r	
		475 RIVERSIDE DRIVE, SUITE 860		212-870-3490		
		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 10,464,040.		
		NEW YORK, NY 10115		H(a) Is this a group return		
		F Name and address of principal officer: RICHARD FULLER		for subordinates	? Yes X No	
		SAME AS C ABOVE			ncluded? Yes No	
I Tax-exem		ot status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. See instructions	
J Website: ► WWW . PUREEARTH . ORG					n number	
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1999 M State of legal domicil						
Part I Summary						
	1	Briefly describe the organization's mission or most significant activities: BLACKSMITH INSTITUTE IS AN				
ဦ		NTERNATIONAL NOT-FOR-PROFIT ORGANIZATION DEDICATED TO SOLVING				
rna	2	heck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			18	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			26	
	6	Total number of volunteers (estimate if necessary)			20	
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
d)	8	Contributions and grants (Part VIII, line 1h)		3,730,985.	10,105,039.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		481.	-618.	
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		97,636.	310,428.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,829,102.	10,414,849.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ý,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,085,553.	2,122,938.	
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. в	Total fundraising expenses (Part IX, column (D), line 25) 383,32	3.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,216,504.	2,623,258.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,302,057.	4,746,196.	
	19	Revenue less expenses. Subtract line 18 from line 12		-472,955.	5,668,653.	
or	3		Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		4,805,952.	10,267,828.	
	21	Total liabilities (Part X, line 26)		1,181,243.	923,628.	
ESET.	22	Net assets or fund balances. Subtract line 21 from line 20		3,624,709.	9,344,200.	
Pa	art II	Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign						
		Signature of officer Date				
He	е	RICHARD FULLER, PRESIDENT				
		Type or print name and title	Le	N. I.	DTIN	
_	_	Print/Type preparer's name Preparer's signature	/	Date Check if	PTIN	
Preparer		MICHAEL BURKE Mehal Sufer		1/27/2022 self-employ		
		Firm's name UHY ADVISORS NY, INC.			14-1555429	
		Firm's address 1185 AVENUE OF THE AMERICAS, 38TH FLOOR				
		NEW YORK, NY 10036		Phone no. (2		
Ma	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	