(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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 2019

▶ 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.

Open to Public Inspection

<u>A</u>	For the	2019 calend	dar year, or tax year beginning	g Jull,	2019, and end	ding	<u>Jun</u> 30	, 20 20			
В	Check if a	applicable:	C Name of organization Chesape	eake Climate Action N	etwork Acti	on Fund,	Inc. DEm	ployer identification number			
	Address o	change	Doing business as				01-	0879928			
	Name cha	ange	Number and street (or P.O. box	if mail is not delivered to street a	ddress)	Room/suite		phone number			
	Initial retu	ırn	6930 Carroll Ave.			720	I I	0)396-1981			
	Final return	n/terminated	City or town, state or province, o	country, and ZIP or foreign posta	l code	L	,				
$\overline{\sqcap}$	Amended	Takena Deals MD 20012 4400						ss receipts \$ 678,975.			
=		n pending	F Name and address of principal of			H(a)		n for subordinates? Yes X No			
L-mar.			Michael Tidwell, 6930 Ca		k. MD 20912-						
ī	Tax-exem	npt status:	501(c)(3) X 501(c) ((a)(1) or 52			list. (see instructions)			
J	Website:		<u> </u>	47 / ((((((((((((((((((((((((((((((((((((4)(1) 6 62.		Group exemptic	,			
			Corporation Trust Associ	ation	L Year of for			te of legal domicile: MD			
	art	Summa		adon Cloudie	L real of los	imation.	2014 W Sia	te of legal domicile: MD			
71.00				nion or most significant or	stivition m	. , ,					
ø	' '	Differry desi	cribe the organization's miss	sion of most significant ac	tivities: The pr	imary mission	is to advocate	for solutions to global warming.			
Governance	-				·						
Ë	1 2 7	Choole this	have [7]:5the agentination					****			
ove			box ► ☐ if the organization					of its net assets.			
Ğ			voting members of the gove					4			
SS			independent voting membe					4			
ij			per of individuals employed i				· · · · · · · · · · · · · · · · · · ·	0			
Activities &			per of volunteers (estimate if				6	0			
⋖			ated business revenue from				7a	<u> </u>			
	b i	Net unrelat	ted business taxable income	from Form 990-T, line 39	<u>)</u>		7b	<u></u>			
Revenue	l				rior Year	Current Year					
			ons and grants (Part VIII, line	******	362,649.						
	1	Program service revenue (Part VIII, line 2g)									
	1		nent income (Part VIII, column (A), lines 3, 4, and 7d)								
_			nue (Part VIII, column (A), Iin					187,566.			
		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)									
			l similar amounts paid (Part								
	14	Benefits pa	aid to or for members (Part I)								
(C)	15 3	Salaries, ot	her compensation, employee	benefits (Part IX, column (A), lines 5–10)	•					
Expenses	16a	Profession	al fundraising fees (Part IX, o	column (A), line 11e) .							
ф	b -	Total fundr	aising expenses (Part IX, co	lumn (D), line 25) ▶	69,517.			:			
ij	17 (Other expe	enses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)	, .			309,187.			
	18 ~	Total expe	nses. Add lines 13–17 (must	equal Part IX, column (A)	, line 25) .			309,187.			
	19 F	Revenue le	ss expenses. Subtract line	18 from line 12				241,028.			
žes Ses							of Current Yea				
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)				89,512.				
S P	21 -	Total liabili	ties (Part X, line 26)				28,908.				
臺	22 1	Net assets	or fund balances. Subtract	line 21 from line 20 .			60,604.				
	art III		re Block				,				
		ies of periury.	, I declare that I have examined this	return, including accompanying	schedules and s	tatements, an	nd to the best of	f my knowledge and belief it is			
tru	e, correct,	and complete	e. Declaration of preparer (other than	n officer) is based on all informat	ion of which prep	parer has any	knowledge.	,			
		\					12/04/	2020			
Sig	gn	Signatu	ure of officer		***************************************		Date	2020			
He	-	Mich	nael Tidwell, Execu	tive Director							
	-		r print name and title	CTAS DITECTOT							
	l.		preparer's name	Preparer's signature		Date		PTIN			
Pa		Dufus	Ingram	Rufus Ingram		12/09/		: if PIIN mployed P00183028			
	eparer					1 12/09/	<u> </u>	* *************************************			
Us	e Only	Firm's nam		P.A.		71715	7-	54-2089165			
h #	u the ID		lress ► 6205 Park Heigl			21215	Phone no. (410) 358-3538			
ivia	y ine iRt	o discuss t	this return with the preparer	snown above? (see instru	ictions)			⊠Yes □No			

Part	Statement of Program Service Accomplishments Check if Schools O contains a response or note to any line in this Port III
1	Check if Schedule O contains a response or note to any line in this Part III
•	· · · · · · · · · · · · · · · · · · ·
	The primary mission is to advocate for solutions to global warming.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 237,146. including grants of \$0.) (Revenue \$0.)
	Accomplishments of the was provided in MD, VA and Washington, D.C.
	Specifically, the organization provided legislative advocacy,
	candidate training and special events.
	,
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, (2-) points of

	,
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	•••••••••••••••••••••••••••••••••••••••
	Other program contines (Deparths on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 237,146.

Part	M 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	×	
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 Revenue Procedure 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, 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? <i>If</i> "Yes," complete Schedule D, Part III			×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	8		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
U	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 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	11111		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 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		×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	****	×_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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,	24		~
35a	or IV, and Part V, line 1	34 35a		<u>×</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
		•	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	⊣		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	***************************************		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	-TG		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u></u>
C		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	***************************************		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	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			····
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		·	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1.
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
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?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? 10a × b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," × 12c 13 13 × Did the organization have a written document retention and destruction policy? 14 14 × Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ MD 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ➤ Own website ☐ Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

CCAN Action Fund, 6930 Carroll Ave, Takoma Park, MD 20912-4499 (240)396-2154

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

		•
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
X (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle officer an Institutional trus or director		ss person d a direct		e than or/trustee) e than or/trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Charlie Garlow	2.00		_			, ä.		THE PARTY OF THE P		
President/Treasurer	T	×		×				0.	0.	0.
(2) Sat Jiwan Ikle-Khalsa BOD Secretary	2.00	×		×				0.	0.	0.
(3) Albert Nunez BOD	1.00	×								0
(4) Nathan Kauffman BOD	1.00							0.	0.	0.
(5)	**********								0.	0.
(6)									440.4.4	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)									V4	
(14)										

(A) Name and title		(B) Average hours per week	(C) Position (do not check more than or box, unless person is both a officer and a director/truste				is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amoun of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizaŧ (W-2/1099-			ization	and
(15)														
(16)									**************************************					
(17)														
(18)														
(19)														
(24)			-							***				
(22)														
(23)														
(24)			ļ		<u> </u>									
(25)														
	Subtotal							>	0.		0.			0.
d d	Total from continuation sheets to Part Total (add lines 1b and 1c)	· · · · · ·						<u> </u>	0.	· · · · · · · · · · · · · · · · · · ·	0.	***************************************	^^************************************	0.
2	Total number of individuals (including burreportable compensation from the organi		d to th	ose	e lis	ted	above 0	e) w	rho received mor	e than \$10	00,000	of		
3	Did the organization list any former							mp	loyee, or highes	st compe	nsated		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	on a		nsation fro				×
5	individual													×
Section	for services rendered to the organization on B. Independent Contractors	? IT "Yes," (comp	ete	SCI	nea	uie J	or s	sucn person .			5	<u> </u>	×
1	Complete this table for your five high compensation from the organization. Rep	nest comport comper	ensat satio	ed n fo	ind r th	epe e ca	ndent Ienda	r ye	ontractors that items are ending with or	received in within the	more e orgar	than \$ ization	100,0 's tax	00 of year.
	(A) Name and business add	dress							(B) Description of ser	vices		(C) Compen		
									111111111111111111111111111111111111111					
	Total number of independent contractor	ors fincludi	na hi	ıt n	not	limi	ted to	0 #	nose listed abov	re) who				

12

Total revenue. See instructions

Part	VIII	Statement of Revenue Check if Schedule O contains a re	enonee or note to an	v line in this Pa	art VIII		П
t to the second		Check if Schedule O Contains a re	sponse of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
छ छ	1a	Federated campaigns	1a	* *			
ons, Gifts, Grants Similar Amounts	b	Membership dues	1b	1.53 E.A. 1.54 A.B.	e de la companya de l		
اع ق	C	Fundraising events	1c	and I was a second of the seco	men Lasa		
its F	d	Related organizations	1d		2,43,444		
ອ ∺ [е	Government grants (contributions)	1e				
is is	f	All other contributions, gifts, grants,		jada Produc	4 3754		
tributio Other		and similar amounts not included above	1f 362,649.				
풀질	g	Noncash contributions included in lines 1a–1f	1g \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	19 Ψ >	362,649.			
		Total / Ida ililoo Ta ili	Business Code				
e l	2a						
او چَ	b						
Sun	C						
Program Service Revenue	d						
₽ E	е						
<u>ሮ</u>	f	All other program service revenue .	•				
	g_	Total. Add lines 2a-2f			*		
	3	Investment income (including divident other similar amounts)					
	4	Income from investment of tax-exem					
	5	Royalties					
		(i) Real		Sept. 4		stajene vljake	
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		San Palating Transfer	Propries Attackers		
	d						
	7a	Gross amount from (i) Securit	ties (ii) Other		12,000 din	September 1988	
		sales of assets					
4		other than inventory 7a					
enne	D	Less: cost or other basis and sales expenses . 7b		i saredinida Incantona e e infilia di	To the Greens at the first of the control of the co		
eve	С	Gain or (loss) 7c					
Ř	d	Net gain or (loss)					
Other	8a	Gross income from fundraising		PH jy	The fire sta	6,000	
ō		events (not including \$					
		of contributions reported on line			E E E E E UT DE PRESENTA E LA COMPANION DE LA		
		1c). See Part IV, line 18	8a		ter 1.7 Williams aver		
	b	Less: direct expenses	8b				
	C	Net income or (loss) from fundraisin	ig events , . ▶		ut weste demission		
	9a	Gross income from gaming activities. See Part IV, line 19 .	9a 316,326.	1917	(5.006.2644)	La esta e dell'alco	
	ь	Less: direct expenses	9b 128,760.	Destitution			
	C	Net income or (loss) from gaming a	1	187,566.		0.	187,566.
	10a	Gross sales of inventory, less		1:1:	11.	in the	
		returns and allowances	10a	THE	Trafficher.	AND END OF	
	b	Less: cost of goods sold	10b			nost Alvinia	
	С	Net income or (loss) from sales of in					
SI			Business Code	A constant			
Miscellaneous Revenue	11a						
scellaneo Revenue	b			1			
Sce	d	All other revenue					
Ξ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		550,215.	. 0.	0.	187,566.

Form 9	90 (2019)				Page 10
Par	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				- ;
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			etera o como espera Bara o como espera Bara o como espera	
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages			444.	1 Address de la constante de l
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	13,223.	0.	1,419.	11,804.
b	Legal	340.	0.	340.	0.
С	Accounting	500.	0.	500.	0.
d	Lobbying	190,224.	190,224.	0.	0.
е	Professional fundraising services. See Part IV, line 17		nad addition	981	***************************************
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.) .				
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	3,574.	2,898.	170.	506.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,323.	8,323.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			

19

20

21 22

23 24

b

c d

25

26

Conferences, conventions, and meetings .

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.)

Cost sharing expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

Community outreach

e All other expenses

30,672.

62,331.

309,187.

29,370.

237,146.

6,331.

1,207.

56,000.

69,517.

95.

2,524.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X			
			(A) Beginning of year		E	(B) nd of year
	1	Cash—non-interest-bearing	87,816.	1		335,730.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	1,696.	3		10,849.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	i niji katibi Nashi katasa sa saka	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) .	est Antada Carea	6	144	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8	:	
Ä	9	Prepaid expenses and deferred charges		9		4,500.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		: 175,		
	b	Less: accumulated depreciation 10b		10c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets ,		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	89,512.	16		351,079.
	17	Accounts payable and accrued expenses	28,908.	17		49,447.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	:	21		
Liabilities	22	Loans and other 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		22		
Ë	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05		
	26	Tatal liabilities Add lines 17 through 05	28,908.	25 26		49,447.
<i>'</i> 0	20	Organizations that follow FASB ASC 958, check here ► ⊠	20,900.	20		49,447.
ances	2.2	and complete lines 27, 28, 32, and 33.		^		0.5
Bal	27 28	Net assets without donor restrictions	60,604.	27		245,800.
둳	20	•		28		55,832.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	1910 PERMIT AND			
Š	29	Capital stock or trust principal, or current funds		29		
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u></u>	
As	31	Retained earnings, endowment, accumulated income, or other funds		31		004
et	32	Total net assets or fund balances	60,604.	32	ļ	301,632.
_	33	Total liabilities and net assets/fund balances	89,512.	33		351,079.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			50,2	15.
2	Total expenses (must equal Part IX, column (A), line 25)			09,1	*****
3	Revenue less expenses. Subtract line 2 from line 1		2	41,0	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			60,6	04.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
(Barriero	32, column (B))		3	01,6	32.
Faru	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	٠.		
4	Accounting method word to propose the Fours 2000. The Cook Miles and Cook Miles	Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	n in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	<u> </u>	20		
	reviewed on a separate basis, consolidated basis, or both:	a or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n a			
	separate basis, consolidated basis, or both:	"" "			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain	າ on 🏻			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the			
	Single Audit Act and OMB Circular A-133?	. [За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	; <u>.</u>	3b		
	REV 10/27/20 PRO		Forn	n 990	(2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

OMB No. 1545-0047

Open to Public Inspection

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.
- 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

• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
Ches	apeake Climate Act	tion Network Action Fu	nd, Inc.	01-08799	928
Part	I-A Complete if the	e organization is exempt und	der section 501(c) or is a section 527 (organization.
1	Provide a description of definition of "political can	the organization's direct and in healign activities")	ndirect political ca	mpaign activities in Part	t IV. (see instructions for
2		y expenditures (see instructions)			4,708.
3	Volunteer hours for politic	cal campaign activities (see instru	ictions)		0
Part	I-B Complete if the	e organization is exempt und	der section 501(c)(3).	
1		excise tax incurred by the organiz			5
2	-	excise tax incurred by organization	-		<u> </u>
3	-	ed a section 4955 tax, did it file Fe	-		
4a b	Was a correction made? If "Yes," describe in Part				LYes LNo
Part	I-C Complete if the	e organization is exempt un	der section 501(c), except section 501	(c)(3).
1	Enter the amount directly activities	ly expended by the filing organ	zation for section	527 exempt function	0.
2	Enter the amount of the	filing organization's funds contri vities	buted to other org	anizations for section	0.
3	Total exempt function e line 17b	expenditures. Add lines 1 and 3	2. Enter here and	on Form 1120-POL, ▶ \$	G. 0.
4	Did the filing organization	i file Form 1120-POL for this yea	r?		🗌 Yes 🗶 No
5	organization made payme the amount of political co	ses and employer identification nuents. For each organization listed ontributions received that were prund or a political action committed.	, enter the amount omptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also ente political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			w •		
(2)	4 2003				
(3)					
(4)	Lea million de de la constante				
(5)					
(6)					

Pa		emplete if the organization 501(h)).	on is exempt (under section 50	1(c)(3) and filed	Form 5768 (ele	ction under	
A		if the filing organization belo address, EIN, expenses, and				ated group membe	er's name,	
В	Check ▶ □	if the filing organization chec	cked box A and '	"limited control" pr	ovisions apply.			
	ı	Limits on Lob (The term "expenditures" r	bying Expendit neans amounts			(a) Filing organization's totals	(b) Affiliated group totals	
1		ing expenditures to influenc		·		***************************************	***************************************	
		ing expenditures to influenc	•	,	~·			
	c Total lobby	ing expenditures (add lines	1a and 1b) .					
	d Other exer	npt purpose expenditures .			<i>.</i> [
	e Total exem	npt purpose expenditures (ad	dd lines 1c and 1	d)	. <i>.</i> [
	f Lobbying columns.	nontaxable amount. Enter	the amount f	rom the following	table in both			
	If the amou	nt on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amount	is:	15.71		
	Not over \$50	00,000	20% of the ar	nount on line 1e.				
	Over \$500,0	00 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.			
	Over \$1,000	,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.			
		,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	rer \$1,500,000.			
	Over \$17,00	•	\$1,000,000.			and the area of the same that		
	_	s nontaxable amount (enter 2						
		ne 1g from line 1a. If zero or						
		ne 1f from line 1c. If zero or l						
		an amount other than zero section 4911 tax for this yea	_	1h or line 1i, did	_	f"	Yes No	
	(Some o	rganizations that made a s	ection 501(h) ele	Period Under Sec ection do not have ructions for lines 2	e to complete all	of the five column	s below.	
		Lobbyin	g Expenditures	During 4-Year Av	eraging Period			
		r year (or fiscal year eginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
	2a Lobbying r	nontaxable amount						
		ceiling amount ine 2a, column (e))	ia. A kar sarya Pro Aliya kapis			r engle egel. Dense Horson		
	c Total lobby	/ing expenditures						
		s nontaxable amount						
		s ceiling amount ine 2d, column (e))	55 - 10.45 55. 200 - 15.45 10.50. 200 - 10.50 10.45.					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For a	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					·····
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	<u> </u>			
ĺ.	Other activities?	-	ļ			
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912	4.1				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	2.75	NA.			
d Least			<u> </u>			
Fall	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction		
	30 · (0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization make only in-house lobbying experientiles of \$2,000 or less?			3		×
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				·	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members		1			0.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a		4,7	708.
b	Carryover from last year		2b			
С	Total		2c		4,7	708.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		88.5			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Par	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, I	ines 1	l and
Pt I	-A Line 1: Conduct voter education on the climate stance of federa	l ca	ndid	ates		
and	prepared for get-out-the-vote activities.			J		

onedule o h or	M 330 di 330-L2/ 2013	Page 4
Part IV	Supplemental Information (continued)	

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***************	***************************************	
	***************************************	
		**********
	***************************************	
		<b></b>
	•	

### **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Employer identification number

Chesapeake Climate Action					01-0879928	
<b>Form 990-EZ filers are r</b>	Complete if the lot required to	e organiza complete	ation ansv this part.	vered "Yes" on F	orm 990, Part IV, I	ine 17.
1 Indicate whether the organization	n raised funds th	rough any	of the follo	owing activities. C	heck all that apply.	Vide and the second
a 🔲 Mail solicitations		e 🗆		ion of non-govern	=	
b 🗵 Internet and email solicitatio	ns	f		ion of government	-	
c Phone solicitations		g	] Special I	fundraising events	;	
d 🔲 In-person solicitations						
2a Did the organization have a writ						
or key employees listed in Form					•	
b If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreem	ents under which the	e fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Anne Lewis Strategies, LLC		Yes	No			
1	nonth cosystua os interest infrestience		×	0.	56,000.	-56,000.
2						
3				***************************************	***************************************	
4			-		7,000	
5						
6						A SAMPLE CONTROL OF THE SAMPLE CONTROL OF TH
7						
8						
9						
10						
Total			▶	0.	56,000.	-56,000.
3 List all states in which the orga registration or licensing.	nization is regist	ered or lic	ensed to s	olicit contribution		
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

#*************************************						
	·					
						300 M 100 W 101 47 AF AF AF AB

Part II

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
۳ ا	2	Less: Contributions		***************************************		
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			***	
Exp	7	Food and beverages				
Direct	8	Entertainment				**************************************
	9	Other direct expenses .				
Pa	10 11 d	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, or organization answ	column (d)	> [or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be Be	1	Gross revenue				
es					316,326.	316,326.
se	2	Cash prizes			316,326.	316,326.
Expenses	3				316,326.	316,326.
Direct Expenses		Cash prizes			316,326.	316,326.
Direct Expenses	3	Cash prizes			128,760.	316,326. 128,760.
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs	☐ Yes%	☐ Yes%		
Direct Expenses	3 4 5	Cash prizes	☐ No	□ No	128,760.	
Direct Expenses	3 4 5	Cash prizes	No d lines 2 through 5 in c	column (d)	128,760. ☐ Yes% ☐ No	128,760.
	3 4 5 6 7 8 Er	Cash prizes	No d lines 2 through 5 in c subtract line 7 from I ganization conducts ganduct gaming activitie	No column (d) line 1, column (d) aming activities: MD s in each of these states?	128,760. Yes % No	128,760. 128,760. 187,566.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	⊠ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	⊠ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	10b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name	~~***	
	Address ▶	~~~~	
16	Gaming manager information:		
	Name ►		• • • • • • • • • • • • • • • • • • • •
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
''a	•		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ vaa	□ N1-
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	☐ Yes	
Part		iii) and (nal infor	v); and
		·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Chesapeake Climate Action Network Action Fund, Inc.	01-0879928
Pt VI, Line 11b: Discussed with CFO, General Counsel, Treasurer,	then PDF issued
to BOD.	·*************************************
Pt VI, Line 12c: Discuss updates in annual BOD meeting.	