

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2023 calendar year, or tax year beginning Jul 1, 2023, and ending Jun 30, 2024

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

6930 CARROLL AVE

Room/suite

720

City or town, state or province, country, and ZIP or foreign postal code

TAKOMA PARK, MD 20912

F Name and address of principal officer:

MICHAEL TIDWELL, 6930 CARROLL AVE STE 720, TAKOMA PARK, MD 20912

D Employer identification number

01-0879928

E Telephone number

(240) 396-1981

G Gross receipts \$1,743,240.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.ccanactionfund.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2014 **M** State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CCAN ACTION FUND EFFECTS CHANGE IN PUBLIC POLICY AT LOCAL, STATE, AND NATIONAL LEVELS TO ADVANCE CLEAN ENERGY SOLUTIONS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>4</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>4</u>
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>0</u>
6 Total number of volunteers (estimate if necessary)	6	<u>4</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		<u>320,905.</u>	<u>541,054.</u>
9 Program service revenue (Part VIII, line 2g)			<u>75,000.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>704,015.</u>	<u>808,469.</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1,024,920.</u>	<u>1,424,523.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<u>353,475.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)	<u>95,373.</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>548,550.</u>	<u>932,779.</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>548,550.</u>	<u>1,286,254.</u>
19 Revenue less expenses. Subtract line 18 from line 12		<u>476,370.</u>	<u>138,269.</u>

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		<u>1,221,851.</u>	<u>1,684,169.</u>
21 Total liabilities (Part X, line 26)		<u>348,855.</u>	<u>672,904.</u>
22 Net assets or fund balances. Subtract line 21 from line 20		<u>872,996.</u>	<u>1,011,265.</u>

Part 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 Here

Signature of officer

MICHAEL TIDWELL, EXECUTIVE DIRECTOR

Type or print name and title

05/01/2025
Date

Paid Preparer Use Only

Print/Type preparer's name

ROBERT E. LANE

Preparer's signature

Date

05/01/2025

Check ☒ if self-employed

PTIN

P01622353

Firm's name Lane & Company, CPAs

Firm's EIN 52-1738520

Firm's address 5335 Wisconsin Ave NW Ste 440, Washington, DC 20015

Phone no. (202) 617-2615

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. **BAA**

REV 09/17/24 PRO

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THROUGH VOTER EDUCATION, LOBBYING, AND PARTICIPATION IN THE ELECTORAL PROCESS, CCAN ACTION FUND SEEKS TO MOVE OUR COUNTRY INTO A LEADERSHIP POSITION ON CLEAN ENERGY. IN PARTNERSHIP WITH THE CHESAPEAKE CLIMATE ACTION NETWORK (CCAN), See Part III, Ln 1 statement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 \$ 1,150,078. including grants of \$ 353,475.) (Revenue \$ 75,000.)

CCAN ACTION FUND ENGAGES IN LOBBYING, VOTER EDUCATION, AND POLITICAL ACTIVITY TO PROMOTE POLICIES AND LEADERS THAT ADVANCE CLEAN ENERGY HEAD ON - IN LINE WITH THE URGENT REALITIES OF SCIENCE. WE FOCUS MOST OF OUR PROJECTS IN THE CHESAPEAKE BAY STATES OF MARYLAND, VIRGINIA, AND THE DISTRICT OF COLUMBIA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,150,078.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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	x
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	x
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	x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	x
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x
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	x
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	x
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	x
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	x
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	x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	x
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	x
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	x
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	x
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	x
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	x
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	x
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	x
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? <i>If "Yes," complete Schedule R, Part I</i>	33	x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	x
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	x
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>			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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		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	X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	7d		
e	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	
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 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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
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:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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.			
a	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	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17	
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt

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)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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.
 THE ORGANIZATION, 6930 CARROLL AVE STE 720, TAKOMA PARK, MD 20912 (240) 396-1981

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAT JIWAN IKLE-KHALSA PRESIDENT	2.00	X		X						
(2) KEITH THIRION SECRETARY	2.00	X		X						
(3) ALBERT NUNEZ TREASURER	2.00	X		X						
(4) AMANDA TANDY DIRECTOR	1.00	X								
(5) MICHAEL TIDWELL EXECUTIVE DIRECTOR	11.00			X						
(6) ANNE HAVEMANN GENERAL COUNSEL	1.50			X						
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	541,054.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			541,054.			
Program Service Revenue				Business Code				
	2a	CONTRACT REVENUE		541900	75,000.	75,000.	0.	0.
	b							
	c							
	d							
	e							
	f	All other program service revenue . . .						
	g	Total. Add lines 2a-2f			75,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a	1,121,140.				
	b	Less: direct expenses	9b	318,717.				
	c	Net income or (loss) from gaming activities		802,423.	0.	0.	802,423.	
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	6,046.	6,046.	0.	0.
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			6,046.			
12	Total revenue. See instructions			1,424,523.	81,046.	0.	802,423.	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	353,475.	353,475.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	3,166.	3,166.	0.	0.
c Accounting	18,425.	0.	18,425.	0.
d Lobbying	494,455.	494,455.	0.	0.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	487.	0.	487.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	122,032.	57,941.	19,080.	45,011.
12 Advertising and promotion				
13 Office expenses	130,026.	76,913.	2,811.	50,302.
14 Information technology				
15 Royalties				
16 Occupancy	3,100.	3,100.	0.	0.
17 Travel	9,497.	9,437.	0.	60.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	148,011.	148,011.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 FINES AND PENALTIES	3,580.	3,580.	0.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,286,254.	1,150,078.	40,803.	95,373.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,177,815.	1	1,125,424.
	2 Savings and temporary cash investments		2	505,559.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,702.	4	5,000.
	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		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 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,334.	9	48,186.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	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)	1,221,851.	16	1,684,169.	
Liabilities	17 Accounts payable and accrued expenses	102,715.	17	108,024.
	18 Grants payable		18	
	19 Deferred revenue	246,140.	19	564,880.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
	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		25	
	26 Total liabilities. Add lines 17 through 25	348,855.	26	672,904.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	772,996.	27	861,265.
	28 Net assets with donor restrictions	100,000.	28	150,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	872,996.	32	1,011,265.
33 Total liabilities and net assets/fund balances	1,221,851.	33	1,684,169.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,424,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,286,254.
3	Revenue less expenses. Subtract line 2 from line 1	3	138,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	872,996.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,011,265.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Additional Information From Form 990: Return of Organization Exempt from Income Tax**Form 990: Return of Organization Exempt from Income Tax****Form 990, Page 2, Part III, Line 1 (continued)****Continuation Statement**

Description
WE FOCUS MOST OF OUR EFFORTS IN THE CHESAPEAKE BAY STATES OF MARYLAND,
VIRGINIA, AND THE DISTRICT OF COLUMBIA. WE BELIEVE POSITIVE SOLUTIONS EXIST
AND MUST BE EMBRACED NOW TO PRESERVE OUR PLANET FOR FUTURE GENERATIONS.

Form 990: Return of Organization Exempt from Income Tax**Part VI, Line 17 (continued)****Continuation Statement**

States Where Copy of Return is Required
AL
AR
CA
FL
GA
HI
IL
KS
KY
MD
MA
MN
MS
MO
NJ
NY
NC
OR
PA
RI
SC
TN
UT
VA
WV
WI

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.

Employer identification number

01-0879928

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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 CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.	Employer identification number 01-0879928
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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
1	N/A N/A -----	\$ 198,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A N/A -----	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A N/A -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A N/A -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A N/A -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A N/A -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.	Employer identification number 01-0879928
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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	N/A N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.	01-0879928

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<div>-----</div>	<div>----- ----- ----- -----</div>	<div>\$ -----</div>	<div>-----</div>

Name of organization CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.	Employer identification number 01-0879928
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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

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

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(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

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(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

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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**SCHEDULE C
(Form 990)**

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No. 1545-0047

2023

**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:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.	Employer identification number 01-0879928
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ 214,664.
- 3 Volunteer hours for political campaign activities. See instructions 133

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 112,189.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 102,475.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 214,664.
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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) MICHAEL FEGGANS FOR VIRGINIA	900 COMMONWEALTH PLACE PMB 2141 VIRGINIA BEACH, VA 23464	88-1242871	40,500.	
(2) KIM ADAMS FOR VIRGINIA	PO BOX 3928 PETERSBURG, VA 23805	88-2548058	20,000.	
(3) FRIENDS OF TRAVIS NEMBARD	8801 SUDLEY ROAD STE 4302 MANASSAS, VA 20110	92-2555648	10,000.	
(4) FRIENDS OF RUSSET PERRY	PO BOX 5501 HERNDON, VA 20172	92-0461079	10,000.	
(5) FRIENDS OF PHIL HERNANDEZ	787 WEST OCEAN VIEW AVE NORFOLK, VA 23503	87-4341244	2,250.	
(6) See Statement				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
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	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?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Pt I-A Line 1: CONDUCT ACTIVITIES TO SUPPORT AND OPPOSE CERTAIN CANDIDATES FOR

ELECTIVE FEDERAL PUBLIC OFFICE. EDUCATE VOTERS ON THE CLIMATE STANCE OF CERTAIN

FEDERAL CANDIDATES THROUGH VIRTUAL EVENTS, EMAILS, PHONE BANKS TO VOTERS IN CERTAIN

STATES, AND OTHER COMMUNICATIONS.

Pt I-C, Line 5:

Name: RIP SULLIVAN FOR DELEGATE

Part IV Supplemental Information *(continued)*

Address: PO BOX 994 MCLEAN VA 22101

EIN: 47-1226486

Amount paid from filing organizations's funds: \$1,000

Name: LOCKE FOR STATE SENATE

Address: PO BOX 9048 HAMPTON VA 23670

EIN: 83-0840990

Amount paid from filing organizations's funds: \$1,000

Name: L.LOUISE LUCAS CAMPAIGN

Address: PO BOX 700 PORTSMOUTH VA 23705

EIN: 92-2596952

Amount paid from filing organizations's funds: \$1,000

Name: FRIENDS OF MARCIA PRICE

Address: PO BOX 387 NEWPORT NEWS VA 23607

EIN: 47-2474121

Amount paid from filing organizations's funds: \$1,000

Name: MARSDEN FOR SENATE

Address: PO BOX 10889 BURKE VA 22009

EIN: 27-1338500

Amount paid from filing organizations's funds: \$1,000

Name: CITIZENS FOR ADRIENNE JONES

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 52-2065770

Amount paid from filing organizations's funds: \$1,000

Name: SUROVELL FOR STATE SENATE

Address: PO BOX 289 MOUNT VERNON VA 22121

EIN: 47-3086189

Amount paid from filing organizations's funds: \$1,000

Part IV Supplemental Information *(continued)*

Name: FRIENDS OF GHAZALA HASHMI

Address: PO BOX 72923 RICHMOND VA 23235

EIN: 83-2547003

Amount paid from filing organizations's funds: \$750

Name: JCF FOR STATE SENATE

Address: PO BOX 5002 WOODBRIDGE VA 22194

EIN: 87-4283703

Amount paid from filing organizations's funds: \$500

Name: MCPIKE FOR SENATE

Address: PO BOX 2819 WOODBRIDGE VA 22195

EIN: 47-2374840

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF LASHRECSE AIRD

Address: PO BOX 3943 PETERSBURG VA 23805

EIN: 88-1223058

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF RON WATSON

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 87-1536851

Amount paid from filing organizations's funds: \$500

Name: NADARIUS CLARK FOR DELEGATE

Address: PO BOX 829 SUFFOLK VA 23439

EIN: 86-1399122

Amount paid from filing organizations's funds: \$500

Name: VANVALKENBURG FOR VIRGINIA

Address: PO BOX 28782 RICHMOND VA 23228

EIN: 88-4267845

Part IV Supplemental Information *(continued)*

Amount paid from filing organizations's funds: \$500

Name: CITIZENS FOR BRIAN FELDMAN

Address: PO BOX 34408 BETHESDA MD 20827

EIN: 52-2344445

Amount paid from filing organizations's funds: \$500

Name: DEEDS FOR STATE SENATE

Address: PO BOX 5462 CHARLOTTESVILLE VA 22905

EIN: 90-0020416

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF DON SCOTT

Address: 355 CRAWFORD ST 704 PORTSMOUTH VA 23704

EIN: 84-1773321

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF CHARNIELE HERRING

Address: PO BOX 11779 ALEXANDRIA VA 22312

EIN: 26-3228943

Amount paid from filing organizations's funds: \$500

Name: COMMITTEE TO ELECT CT WILSON

Address: 1220 PATAPSCO ST BALTIMORE MD 21230

EIN: 82-3030072

Amount paid from filing organizations's funds: \$500

Name: FAVOLA FOR SENATE COMMITTEE

Address: 2319 18TH ST ARLINGTON VA 22201

EIN: 27-5414799

Amount paid from filing organizations's funds: \$500

Name: HENSON FOR VIRGINIA

Address: PO BOX 4026 WOODBRIDGE VA 22194

Part IV Supplemental Information (continued)

EIN: 88-0634041

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF DAVID BULOVA

Address: PO BOX 106 FAIRFAX STATION VA 22039

EIN: 20-0041016

Amount paid from filing organizations's funds: \$500

Name: J. WARD FOR DELEGATE

Address: PO BOX 7310 HAMPTON VA 23666

EIN: 42-1633283

Amount paid from filing organizations's funds: \$500

Name: WATTS FOR DELEGATE

Address: PO BOX 8004 SPRINGFIELD VA 22151

EIN: 54-1754261

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF ADRIAN BOAFO

Address: 17205 RUSSET DRIVE BOWIE MD 20716

EIN: 83-4691466

Amount paid from filing organizations's funds: \$300

Name: FRIENDS OF JHEANELLE WILKINS

Address: PO BOX 7601 SILVER SPRING MD 20907

EIN: 46-5041298

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF MARC KORMAN

Address: 7104 EXETER ROAD BETHESDA MD 20814

EIN: 27-1895665

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF LORIG CHARKOUDIAN

Part IV Supplemental Information *(continued)*

Address: PO BOX 11281 TAKOMA PARK MD 20913

EIN: 81-4649378

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF KATIE FRY HESTER

Address: 1215 E FORT AVE STE 106 BALTIMORE MD 21230

EIN: 82-2423839

Amount paid from filing organizations's funds: \$250

Name: PEOPLE UNITING TO ELECT MARY WASHINGTON

Address: PO BOX 2261 BALTIMORE MD 21203

EIN: 20-2856690

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF STEPHANIE SMITH

Address: PO BOX 41120 BALTIMORE MD 21233

EIN: 81-5286253

Amount paid from filing organizations's funds: \$250

Name: CITIZENS FOR MARY LEHMAN

Address: PO BOX 376 LAUREL MD 20725

EIN: 93-4191152

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF KAREN LEWIS YOUNG

Address: PO BOX 3662 FREDERICK MD 21705

EIN: 27-0192284

Amount paid from filing organizations's funds: \$200

Name: FRIENDS OF ANDREA HARRISON

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 83-0491019

Amount paid from filing organizations's funds: \$125

Part IV

Supplemental Information (continued)

Name: FRIENDS OF JENNIFER TERRASA

Address: 1215 EAST FORT AVENUE STE 106 BALTIMORE MD 21230

EIN: 20-3624967

Amount paid from filing organizations's funds: \$100

Schedule C: Political Campaign and Lobbying Activities**Part I-C: Line 5****Continuation Statement**

(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
FRIENDS OF MONTY MASON	PO BOX 232 WILLIAMSBURG, VA 23187	46-1362073	1,500.	
RIP SULLIVAN FOR DELEGATE	PO BOX 994 MCLEAN, VA 22101	47-1226486	1,000.	
LOCKE FOR STATE SENATE	PO BOX 9048 HAMPTON, VA 23670	83-0840990	1,000.	
L.LOUISE LUCAS CAMPAIGN	PO BOX 700 PORTSMOUTH, VA 23705	92-2596952	1,000.	
FRIENDS OF MARCIA PRICE	PO BOX 387 NEWPORT NEWS, VA 23607	47-2474121	1,000.	
MARSDEN FOR SENATE	PO BOX 10889 BURKE, VA 22009	27-1338500	1,000.	
CITIZENS FOR ADRIENNE JONES	17 W COURTLAND ST STE 210 BEL AIR, MD 21014	52-2065770	1,000.	
SUROVELL FOR STATE SENATE	PO BOX 289 MOUNT VERNON, VA 22121	47-3086189	1,000.	
FRIENDS OF GHAZALA HASHMI	PO BOX 72923 RICHMOND, VA 23235	83-2547003	750.	
JCF FOR STATE SENATE	PO BOX 5002 WOODBIDGE, VA 22194	87-4283703	500.	
MCPIKE FOR SENATE	PO BOX 2819 WOODBIDGE, VA 22195	47-2374840	500.	
FRIENDS OF LASHRECSE AIRD	PO BOX 3943 PETERSBURG, VA 23805	88-1223058	500.	
FRIENDS OF RON WATSON	17 W COURTLAND ST STE 210 BEL AIR, MD 21014	87-1536851	500.	
NADARIUS CLARK FOR DELEGATE	PO BOX 829 SUFFOLK, VA 23439	86-1399122	500.	
VANVALKENBURG FOR VIRGINIA	PO BOX 28782 RICHMOND, VA 23228	88-4267845	500.	
CITIZENS FOR BRIAN FELDMAN	PO BOX 34408 BETHESDA, MD 20827	52-2344445	500.	
DEEDS FOR STATE SENATE	PO BOX 5462 CHARLOTTESVILLE, VA 22905	90-0020416	500.	
FRIENDS OF DON SCOTT	355 CRAWFORD ST 704 PORTSMOUTH, VA 23704	84-1773321	500.	
FRIENDS OF CHARNIELE HERRING	PO BOX 11779 ALEXANDRIA, VA 22312	26-3228943	500.	
COMMITTEE TO ELECT CT WILSON	1220 PATAPSCO ST BALTIMORE, MD 21230	82-3030072	500.	
FAVOLA FOR SENATE COMMITTEE	2319 18TH ST ARLINGTON, VA 22201	27-5414799	500.	

Schedule C: Political Campaign and Lobbying Activities**Part I-C: Line 5****Continuation Statement**

(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
HENSON FOR VIRGINIA	PO BOX 4026 WOODBIDGE, VA 22194	88-0634041	500.	
FRIENDS OF DAVID BULOVA	PO BOX 106 FAIRFAX STATION, VA 22039	20-0041016	500.	
J. WARD FOR DELEGATE	PO BOX 7310 HAMPTON, VA 23666	42-1633283	500.	
WATTS FOR DELEGATE	PO BOX 8004 SPRINGFIELD, VA 22151	54-1754261	500.	
FRIENDS OF ADRIAN BOAFO	17205 RUSSET DRIVE BOWIE, MD 20716	83-4691466	300.	
FRIENDS OF JHEANELLE WILKINS	PO BOX 7601 SILVER SPRING, MD 20907	46-5041298	250.	
FRIENDS OF MARC KORMAN	7104 EXETER ROAD BETHESDA, MD 20814	27-1895665	250.	
FRIENDS OF LORIG CHARKOUDIAN	PO BOX 11281 TAKOMA PARK, MD 20913	81-4649378	250.	
FRIENDS OF KATIE FRY HESTER	1215 E FORT AVE STE 106 BALTIMORE, MD 21230	82-2423839	250.	
PEOPLE UNITING TO ELECT MARY WASHINGTON	PO BOX 2261 BALTIMORE, MD 21203	20-2856690	250.	
FRIENDS OF STEPHANIE SMITH	PO BOX 41120 BALTIMORE, MD 21233	81-5286253	250.	
CITIZENS FOR MARY LEHMAN	PO BOX 376 LAUREL, MD 20725	93-4191152	250.	
FRIENDS OF KAREN LEWIS YOUNG	PO BOX 3662 FREDERICK, MD 21705	27-0192284	200.	
FRIENDS OF ANDREA HARRISON	17 W COURTLAND ST STE 210 BEL AIR, MD 21014	83-0491019	125.	
FRIENDS OF JENNIFER TERRASA	1215 EAST FORT AVENUE STE 106 BALTIMORE, MD 21230	20-3624967	100.	
			19,725.	0.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.

Employer identification number

01-0879928

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space											
2 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.	<table><thead><tr><th></th><th>Held at the End of the Tax Year</th></tr></thead><tbody><tr><td>a Total number of conservation easements</td><td>2a</td></tr><tr><td>b Total acreage restricted by conservation easements</td><td>2b</td></tr><tr><td>c Number of conservation easements on a certified historic structure included on line 2a</td><td>2c</td></tr><tr><td>d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register</td><td>2d</td></tr></tbody></table>		Held at the End of the Tax Year	a Total number of conservation easements	2a	b Total acreage restricted by conservation easements	2b	c Number of conservation easements on a certified historic structure included on line 2a	2c	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
	Held at the End of the Tax Year										
a Total number of conservation easements	2a										
b Total acreage restricted by conservation easements	2b										
c Number of conservation easements on a certified historic structure included on line 2a	2c										
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d										
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year											
4 Number of states where property subject to conservation easement is located											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year											
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year											
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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.											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.	
b 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. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ **Yes** ☐ **No** **3a(i)**

(ii) Related organizations? ☐ **Yes** ☐ **No** **3a(ii)**

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **Yes** ☐ **No** **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,424,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,424,036.
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	4a	487.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	487.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,424,523.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,285,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,285,767.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	487.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	487.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,286,254.

Part XIII Supplemental Information

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

Pt X, Line 2: MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED

THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION ON

THE FINANCIAL STATEMENTS.

Pt I-C, Line 5:

Name: RIP SULLIVAN FOR DELEGATE

Address: PO BOX 994 MCLEAN VA 22101

EIN: 47-1226486

Amount paid from filing organizations's funds: \$1,000

Name: LOCKE FOR STATE SENATE

Address: PO BOX 9048 HAMPTON VA 23670

EIN: 83-0840990

Part XIII Supplemental Information *(continued)*

Amount paid from filing organizations's funds: \$1,000

Name: L.LOUISE LUCAS CAMPAIGN

Address: PO BOX 700 PORTSMOUTH VA 23705

EIN: 92-2596952

Amount paid from filing organizations's funds: \$1,000

Name: FRIENDS OF MARCIA PRICE

Address: PO BOX 387 NEWPORT NEWS VA 23607

EIN: 47-2474121

Amount paid from filing organizations's funds: \$1,000

Name: MARSDEN FOR SENATE

Address: PO BOX 10889 BURKE VA 22009

EIN: 27-1338500

Amount paid from filing organizations's funds: \$1,000

Name: CITIZENS FOR ADRIENNE JONES

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 52-2065770

Amount paid from filing organizations's funds: \$1,000

Name: SUROVELL FOR STATE SENATE

Address: PO BOX 289 MOUNT VERNON VA 22121

EIN: 47-3086189

Amount paid from filing organizations's funds: \$1,000

Name: FRIENDS OF GHAZALA HASHMI

Address: PO BOX 72923 RICHMOND VA 23235

EIN: 83-2547003

Amount paid from filing organizations's funds: \$750

Name: JCF FOR STATE SENATE

Address: PO BOX 5002 WOODBRIDGE VA 22194

Part XIII Supplemental Information *(continued)*

EIN: 87-4283703

Amount paid from filing organizations's funds: \$500

Name: MCPIKE FOR SENATE

Address: PO BOX 2819 WOODBRIDGE VA 22195

EIN: 47-2374840

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF LASHRECSE AIRD

Address: PO BOX 3943 PETERSBURG VA 23805

EIN: 88-1223058

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF RON WATSON

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 87-1536851

Amount paid from filing organizations's funds: \$500

Name: NADARIUS CLARK FOR DELEGATE

Address: PO BOX 829 SUFFOLK VA 23439

EIN: 86-1399122

Amount paid from filing organizations's funds: \$500

Name: VANVALKENBURG FOR VIRGINIA

Address: PO BOX 28782 RICHMOND VA 23228

EIN: 88-4267845

Amount paid from filing organizations's funds: \$500

Name: CITIZENS FOR BRIAN FELDMAN

Address: PO BOX 34408 BETHESDA MD 20827

EIN: 52-2344445

Amount paid from filing organizations's funds: \$500

Name: DEEDS FOR STATE SENATE

Part XIII Supplemental Information *(continued)*

Address: PO BOX 5462 CHARLOTTESVILLE VA 22905

EIN: 90-0020416

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF DON SCOTT

Address: 355 CRAWFORD ST 704 PORTSMOUTH VA 23704

EIN: 84-1773321

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF CHARNIELE HERRING

Address: PO BOX 11779 ALEXANDRIA VA 22312

EIN: 26-3228943

Amount paid from filing organizations's funds: \$500

Name: COMMITTEE TO ELECT CT WILSON

Address: 1220 PATAPSCO ST BALTIMORE MD 21230

EIN: 82-3030072

Amount paid from filing organizations's funds: \$500

Name: FAVOLA FOR SENATE COMMITTEE

Address: 2319 18TH ST ARLINGTON VA 22201

EIN: 27-5414799

Amount paid from filing organizations's funds: \$500

Name: HENSON FOR VIRGINIA

Address: PO BOX 4026 WOODBRIDGE VA 22194

EIN: 88-0634041

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF DAVID BULOVA

Address: PO BOX 106 FAIRFAX STATION VA 22039

EIN: 20-0041016

Amount paid from filing organizations's funds: \$500

Part XIII Supplemental Information (continued)

Name: J. WARD FOR DELEGATE

Address: PO BOX 7310 HAMPTON VA 23666

EIN: 42-1633283

Amount paid from filing organizations's funds: \$500

Name: WATTS FOR DELEGATE

Address: PO BOX 8004 SPRINGFIELD VA 22151

EIN: 54-1754261

Amount paid from filing organizations's funds: \$500

Name: FRIENDS OF ADRIAN BOAFO

Address: 17205 RUSSET DRIVE BOWIE MD 20716

EIN: 83-4691466

Amount paid from filing organizations's funds: \$300

Name: FRIENDS OF JHEANELLE WILKINS

Address: PO BOX 7601 SILVER SPRING MD 20907

EIN: 46-5041298

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF MARC KORMAN

Address: 7104 EXETER ROAD BETHESDA MD 20814

EIN: 27-1895665

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF LORIG CHARKOUDIAN

Address: PO BOX 11281 TAKOMA PARK MD 20913

EIN: 81-4649378

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF KATIE FRY HESTER

Address: 1215 E FORT AVE STE 106 BALTIMORE MD 21230

EIN: 82-2423839

Part XIII Supplemental Information *(continued)*

Amount paid from filing organizations's funds: \$250

Name: PEOPLE UNITING TO ELECT MARY WASHINGTON

Address: PO BOX 2261 BALTIMORE MD 21203

EIN: 20-2856690

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF STEPHANIE SMITH

Address: PO BOX 41120 BALTIMORE MD 21233

EIN: 81-5286253

Amount paid from filing organizations's funds: \$250

Name: CITIZENS FOR MARY LEHMAN

Address: PO BOX 376 LAUREL MD 20725

EIN: 93-4191152

Amount paid from filing organizations's funds: \$250

Name: FRIENDS OF KAREN LEWIS YOUNG

Address: PO BOX 3662 FREDERICK MD 21705

EIN: 27-0192284

Amount paid from filing organizations's funds: \$200

Name: FRIENDS OF ANDREA HARRISON

Address: 17 W COURTLAND ST STE 210 BEL AIR MD 21014

EIN: 83-0491019

Amount paid from filing organizations's funds: \$125

Name: FRIENDS OF JENNIFER TERRASA

Address: 1215 EAST FORT AVENUE STE 106 BALTIMORE MD 21230

EIN: 20-3624967

Amount paid from filing organizations's funds: \$100

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			1,121,140.	1,121,140.
Direct Expenses	2 Cash prizes			10,000.	10,000.
	3 Noncash prizes			102,630.	102,630.
	4 Rent/facility costs				
	5 Other direct expenses			206,087.	206,087.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				318,717.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				802,423.

9 Enter the state(s) in which the organization conducts gaming activities: MD

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: MARYLAND DOES NOT REQUIRE A GAMING LICENSE. CCANAF DOES HAVE A GAMING LICENSE FROM MONTGOMERY COUNTY, MD, WHICH IS WHERE THE RAFFLE WAS HELD.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|---|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 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** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- 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 \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

Name of the organization

CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.

Employer identification number

01-0879928

Part I General Information on Grants and Assistance

- 1 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? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1) CHESAPEAKE CLIMATE ACTION NETWORK, INC. PO BOX 11138 TAKOMA PARK MD 20913	11-3644283	501 (c) (3)	250,000.				GENERAL SUPPORT
(2) MICHAEL FEGGANS FOR VIRGINIA 900 COMMONWEALTH PLACE PMB 2141 VIRGINIA BEACH VA 23464	88-1242871	527	40,500.				CAMPAIGN CONTRIBUTION
(3) KIM ADAMS FOR VIRGINIA PO BOX 3928 PETERSBURG VA 23805	88-2548058	527	20,000.				CAMPAIGN CONTRIBUTION
(4) FRIENDS OF TRAVIS NEMBARD 8801 SUDLEY RD STE 4302 MANASSAS VA 20110	92-2555648	527	10,000.				CAMPAIGN CONTRIBUTION
(5) FRIENDS OF RUSSET PERRY PO BOX 5501 HERNDON VA 20172	92-0461079	527	10,000.				CAMPAIGN CONTRIBUTION
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Pt I Line 2: GRANTS AND CONTRIBUTIONS ARE MADE TO ORGANIZATIONS AND COMMITTEES TO ADVANCE SOLUTIONS TO CLIMATE CHANGE. CCAN ACTION FUND MONITORS USE OF ITS SUBGRANTS AND OTHER ASSISTANCE THROUGH CLOSE COORDINATION AND COLLABORATION WITH PARTNERING ORGANIZATIONS AND COMMITTEES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND, INC.

Employer identification number

01-0879928

Pt VI, Line 11b: THE COMPLETE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT
CPA. IT IS THEN REVIEWED BY MANAGEMENT FOR COMMENT AND PRESENTED TO THE FULL
BOARD OF DIRECTORS BEFORE FILING.

Pt VI, Line 12c: COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY
IS ANNUALLY REVIEWED BY THE BOARD OF DIRECTORS AT ITS ANNUAL RETREAT.

Other: PART I, LINES 5 AND 15; PART VII, LINE 1A; AND PART IX, LINES 11D AND
11G: THE CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND ("CCAF") SHARES STAFF
AND CERTAIN OTHER EXPENSES WITH THE CHESAPEAKE CLIMATE ACTION NETWORK ("CCAN"
EIN: 11-3644283), AN IRC SECTION 501(C)(3) ORGANIZATION, PURSUANT TO A WRITTEN
COST-SHARING AGREEMENT. UNDER THE AGREEMENT, CCAN EMPLOYEES CONDUCT ACTIVITIES
ON BEHALF OF CCAF, AND CCAF PROMPTLY REIMBURSES CCAN FOR ALL ASSOCIATED EXPENSES.
CCAF TREATS THE COST OF SERVICES PROVIDED BY CCAN EMPLOYEES AS PROFESSIONAL FEES.
CCAN PAYS ALL REQUIRED EMPLOYMENT TAXES FOR ITS EMPLOYEES AND ISSUES THE RELEVANT
IRS FORMS.

Pt VI, Section C, Line 17:

State: AL

State: AR

State: CA

State: FL

State: GA

State: HI

State: IL

State: KS

State: KY

State: MD

