50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for Instructions and the latest information.

A	For the	2018 calendar year, or tax year beginning Jul 1 , 2018, and ending	<u> </u>	A PROPERTY AND ADDRESS OF THE PARTY OF THE P
	Check if a		Jun 3	0 , 2019 Sentification number
П	Address o		11-087	
	Name cha		elephone	
	Initial retu	m		
	Final retur	m/terminated City		96-1981
	Amended	Malana Barda MD 00000 1400	Froup Exe	
_			Number	
				if the organization is not
	Nebsite	1600		lach Schedule B
3 1	ax-exen		n 990, 99	0-EZ, or 990-PF).
		organization: Corporation Trust Association Other		
L/	taa iine:	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets	
(Pa	rt II, COI	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 🕨 ş	151,526.
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	s for Part I)
_	1 .	Check if the organization used Schedule O to respond to any question in this Part I .		X
	1	Contributions, gifts, grants, and similar amounts received	. 1	151,526.
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a	\$900	
	b	Less; cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events:	3.	
_	a	Gross income from gaming (attach Schedule G if greater than		
Revenue		\$15,000) 6a		
Ş	b	Gross income from fundraising events (not including \$ of contributions		
Re		from fundraising events reported on line 1) (attach Schedule G if the	3335	
		sum of such gross income and contributions exceeds \$15,000) 6b		
	С	Less: direct expenses from gaming and fundraising events 6c	1.3 (1.5)	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	ī	
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		151,526.
	10	Grants and similar amounts paid (list in Schedule O)	10	131,020.
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	90,927.
Expenses	13	Professional fees and other payments to independent contractors	13	8,807.
be	14	Occupancy, rent, utilities, and maintenance	14	11,322.
ШX	15	Printing, publications, postage, and shipping	15	1,126.
	16	Other expenses (describe in Schedule O)	16	19,019.
	17	Total expenses. Add lines 10 through 16	17	131,201.
ξħ.	18	Total expenses. Add lines 10 through 16	18	20,325.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	, "	20,023.
186		end-of-year figure reported on prior year's return)	19	40,279.
et /	20	Other changes in net assets or fund balances (explain in Schedule O)		40,219.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	20	60 604
	No. 1		21	60,604.

Pa	rt II Balance Sheets (see the instructions t					
-	Check if the organization used Schedule	O to respond to a	ny question in this i	Part II		🗵
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[68,526.	22	87,816.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			22,340.	24	1,696.
25	Total assets		[25	89,512.
26	Total liabilities (describe in Schedule O)		[26	28,908.
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	60,604.
Par	t III Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt			uired for section
	cribe the organization's program service accompli			Youram consists		(c)(3) and 501(c)(4) anizations; optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	, the number of	othe	
28	The primary mission of CCAN Action for solutions to global warming in	n Fund is to	advocate	787844444		
	We do this through legislative advocace	ry, candidate e	incation and en	cial evente		
	(Grants \$ 0.) If this amount	included foreign	attacton and spe	crar events.	-	
20					28a	103,438.
29		***************************************				
			PARES PARS 4 NO 2 VICE US DE DE DE DE DE DE			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🛮	29a	1
30	***************************************			*************		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	i K
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗇 📗	31a	
32	Total program service expenses (add lines 28a t	through 31a)		>	32	
	The second secon				32	1 103,430
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	pensated—see the in		
	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to a	n one even if not comp ny question in this i (c) Reportable	pensated—see the in Part IV	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key	O to respond to as (b) Average hours per week	n one even if not comp ny question in this if (c) Reportable compensation	pensated—see the in Part IV	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each O to respond to as (b) Average	n one even if not comp ny question in this i (c) Reportable	pensated—see the in Part IV	struc	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	n one even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	n one even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc e (e)	ctions for Part IV) Estimated amount of other compensation
Cha Pre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow	(b) Average hours per week devoted to position	t one even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc e (e)	ctions for Part IV)
Cha Pre Sat	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow sident & Treasurer	(b) Average hours per week devoted to position	tone even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc e (e)	Estimated amount of other compensation
Cha Pre Sat Sec	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow sident & Treasurer Jiwan Ikle-Khalsa	(b) Average hours per week devoted to position	t one even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc e (e)	ctions for Part IV) Estimated amount of other compensation
Cha Pre Sat Sec	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow sident & Treasurer Jiwan Ikle-Khalsa retary ert Nunez	(b) Average hours per week devoted to position	tone even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV	struc e (e)	Estimated amount of other compensation 0.
Cha Pre Sat Sec Alb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow sident & Treasurer Jiwan Ikle-Khalsa retary ert Nunez	(b) Average hours per week devoted to position 5.00	tone even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc e (e)	Estimated amount of other compensation
Cha Pre Sat Sec Alb BOD Nat	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rlie Garlow sident & Treasurer Jiwan Ikle-Khalsa retary ert Nunez han Kauffmann	(b) Average hours per week devoted to position 5.00 1.00	tone even if not comp by question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in- Part IV	struc	Estimated amount of other compensation 0. 0.
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Pan		s in th	ne .	,
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	00		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-		-
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		1	
39	Section 501(c)(7) organizations. Enter:	1.5		3
a b	Initiation fees and capital contributions included on line 9		#77 mm	1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1854	×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		7	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ę	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► MD			
42a	The organization's books are in care of ► CCAN Action Fund Telephone no. ► (24)	*****	5-19	81
h	Located at ▶ 6930 Carroll Ave, Takoma Park MD ZIP+4 ▶ 209 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	12		
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40h	Yes	
	If "Yes," enter the name of the foreign country ▶	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		H 15	
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	, .	.)	- 🗆
44-	Did the annual of the last of		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	, bije jest	20.775 T
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

								Yes	No
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	in opposi	tion		
Town 1		ndidates for public office? If "Yes," o		, Part I			. 46	×	
Part '		Section 501(c)(3) Organizations		47 40hl	501				
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and cor	npiete th	e tables	tor lin	es
		50 and 51.	h a di da O ta manana		h:- D43/				-
		Check if the organization used Sci	nedule O to respond	to any question in t	nis Part VI				
47	Di4 t	ne organization engage in lobbying	antivition or house	nontion EO1/h) plantin	n in affaat d	union do a	An	Yes	No
47	vear?	If "Yes," complete Schedule C, Par		section 501(n) election		uring the	- 1		
40	-	• • • • • • • • • • • • • • • • • • • •					47	_	-
48		organization a school as described in ne organization make any transfers t					-		-
49a b		s," was the related organization a se					. 492	_	
ມ 50		olete this table for the organization's					. 49k		ad leave
30	emple	byces) who each received more than	\$100 000 of compen	sated employees (oth	nization if the	ere is non	o onter"	None '	и кеу
	0111011	system, into such reserved interesting			(d) Health b		o, critor	NONG.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, a compens	o employee nd deferred	(e) Estima other co		

		\$#\$&\$#################################							
f		number of other employees paid ov							
51	Comp	olete this table for the organization	s five highest compe	ensated independent	contractors	who each	n received	i more	e than
	Φ100 ,	000 of compensation from the orga	inization. If there is no	ne, enter "None."		-		-	
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c) Compensa	tion	
		111111111111111111111111111111111111111							
		## 4 0 0 % 0 8 0 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6							
-									
~~~~~~	*****								
		200 1 200 1							
		***************************************							
-						11.00			
				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did 1	he organization complete Schedu	ile A? Note: All se	ction 501(c)(3) orga	nizations mu	ust attacl	n a		211-111-2
		leted Schedule A					.►□ Ye	s 🗌	No
Under po	enalties rect, an	of perjury, I declare that I have examined this discomplete. Declaration of preparer other than	return, including accompan officer) is based on all info	ying schedules and statemer rmation of which preparer I	ents, and to the l nas any knowled	est of my ki ge.	nowledge ar	d belief	, it is
/3		MARINA	11	//	10/	02/2019	9		
Sign Here		Signature of officer Michael Tidwell, Exec	utive Director		Date				
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Da	ite	Check	if PTIN		
Prepa	arer	Rufus Ingram	Rufus Ingram	10	0/02/2019			18302	28
Use (		Firm's name ▶ Rufus Ingram,	P.A.		Firm'	s EIN ▶54	-20891	65	
		Firm's address ▶ 6205 Park Heig			215 Phon		10)358		
May th	e IRS	discuss this return with the prepare	r shown above? See i	nstructions			X Ye	s 🗌	No

## Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

#### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

**Continuation Statement** 

Downstation .	
Description	Amount
Transaction fees	3,590.
Online fees	200.
Office expenses and supplies	1,584.
Marketing/Advertising	6,486.
Conferences	2,120.
Travel	4,189.
Insurance	850.
Total	19,019.

#### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

**Continuation Statement** 

Organization's Primary Exempt Purpose							
To promote the common good and general							
welfare of the community by effecting							
change in public policy at local,							
state, and national levels to shift our region away from fossil fuels and to clean ener solutions.							

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

## **Political Campaign and Lobbying Activities**

2018

Department of the Treasury Internal Revenue Service

For Organizations Exempt From (ncome Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ, ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

OMB No. 1545-0047

		Complete Parts I-A and B. Do not con				
		on 501(c)(3)) organizations: Complete F	Parts I-A and C belo	w. Do not complete Part I-B.		
	ction 527 organizations: Con					
		," on Form 990, Part IV, line 4, or For				
		that have filed Form 5768 (election und				
		that have NOT filed Form 5768 (election				
If the c Tax) (s	organization answered "Yes ee separate instructions), ti	s," on Form 990, Part IV, line 5 (Prox) hen	/ Tax) (see separat	e instructions) or Form 990	)-EZ, Part V, line 35c (P	roxy
• Se	ction 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
Name o	of organization			Employer ide	ntification number	
Ches	apeake Climate Ac	tion Network Action Fun	d, Inc.	01-08799	928	
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527	organization.	
1		f the organization's direct and in				for
2	Political campaion activit	y expenditures (see instructions)		<b>b</b> 9	3,15	.1
3	Volunteer hours for politic	cal campaign activities (see instruc	ctions)			0
Part	B Complete if the	e organization is exempt und	er section 5016	c)(3).		
1		excise tax incurred by the organiza			6	_
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955		
3		ed a section 4955 tax, did it file Fo			**********************	No
4a						No
b	If "Yes," describe in Part	IV.	, , , , , ,		[] 163 []	NO
Part		e organization is exempt und	er section 5016	c) except section 501	(c)(3)	_
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function		
_					)	0.
2	Enter the amount of the	filing organization's funds contrib	outed to other org	ianizations for section		
	527 exempt function acti	vities			) 	0.
3		expenditures. Add lines 1 and 2				
					·	0.
4		file Form 1120-POL for this year				
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also e political organization, s	nter
	as a separate segregated	Turid or a political action committe	e (FAC). II addilloi	nai space is needed, provi	ide 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 ar promptly and directly delivered to a separate political organization, If none, enter -0	nd
(1)						
(2)						
(3)					1	
(4)						
(5)						
(6)	1					

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. Q	theck 🕨 🗌 if the filing organization bel	ongs to an affiliat	ed group (and list	in Part IV each affi	liated group memb	per's name.
	address, EIN, expenses, ar	id share of exces	s lobbying expend	litures).		•
C	heck 🕨 🔲 if the filing organization che			rovisions apply.		
		bbying Expendit			(a) Filing	(b) Affiliated
_	(The term "expenditures"				organization's totals	group totals
1a	the state of the s					
b	The state of the s					
С			a and 1b)			
d	Other exempt purpose expenditures	en de la companya de				
e	Total exempt purpose expenditures (a					
Ð	Lobbying nontaxable amount. Ente columns.		rom the following	g table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	it is:	1800 a 1800 a	
	Not over \$500,000		nount on line 1e.			With the Kill
	Over \$500,000 but not over \$1,000,000		15% of the excess		High and he -	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess		1 / N 1 1 1 1 1 1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000.		
_	Over \$17,000,000		\$1,000,000.			Land 167
g h	Grassroots nontaxable amount (enter Subtract line 1g from line 1a. If zero or			* * * * * .1 *		
81.0						
ř			* '* * * * * * * * * * * * * * * * * *			
i	Subtract line 1f from line 1c. If zero or	less, enter -0-		the organization	file Form 4720	
j	Subtract line 1f from line 1c. If zero or If there is an amount other than zer	less, enter -0- o on either line	1h or line 1i, did	the organization	file Form 4720	Yes 🗍
j	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year	less, enter -0- ro on either line ar?	1h or line 1i, dic	the organization	file Form 4720	Yes
	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year 4-  (Some organizations that made as	less, enter -0- ro on either line ar? Year Averaging lection 501(h) ele	1h or line 1i, did Period Under Secention do not hav	the organization tion 501(h) to complete all	[	
	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year 4-  (Some organizations that made as	less, enter -0- ro on either line ar? Year Averaging lection 501(h) ele	1h or line 1i, dic	the organization tion 501(h) to complete all	[	
	Subtract line 1f from line 1c. If zero or If there is an amount other than zero reporting section 4911 tax for this year (Some organizations that made as See the	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate inste	1h or line 1i, did Period Under Secention do not hav	the organization tion 501(h) to complete all 2a through 2f.)	[	
	Subtract line 1f from line 1c. If zero or If there is an amount other than zero reporting section 4911 tax for this year (Some organizations that made as See the	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate inste	1h or line 1i, dic Period Under Sec ection do not hav ructions for lines	the organization tion 501(h) to complete all 2a through 2f.)	[	
j j 2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year (Some organizations that made as See the Lobbyin Calendar year (or fiscal year beginning in)	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate instr	The or line 1i, diction of the control of the contr	the organization tion 501(h) te to complete all 2a through 2f.) veraging Period	of the five column	ns below.
<i>b</i>	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year (Some organizations that made a section 4911 tax for this year See the Lobbyin Calendar year (or fiscal year beginning in)	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate instr	The or line 1i, diction of the control of the contr	the organization tion 501(h) te to complete all 2a through 2f.) veraging Period	of the five column	ns below.
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year (Some organizations that made as See the Lobbyin Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate instr	The or line 1i, diction of the control of the contr	the organization tion 501(h) te to complete all 2a through 2f.) veraging Period	of the five column	ns below.
2a	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year (Some organizations that made as See the Lobbyin Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate instr	The or line 1i, did not have ructions for lines  During 4-Year Average (b) 2016	the organization tion 501(h) te to complete all 2a through 2f.) veraging Period	of the five column	ns below.
2a b	Subtract line 1f from line 1c. If zero or If there is an amount other than zer reporting section 4911 tax for this year (Some organizations that made as See the Lobbyin Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures	less, enter -0- ro on either line ar? Year Averaging section 501(h) ele ne separate instr	The or line 1i, diction of the control of the contr	the organization tion 501(h) te to complete all 2a through 2f.) veraging Period	of the five column	ns below.

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Schedule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	- (	a)	(b)
	iption of the lobbying activity.	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?			
е	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?			
ï	Other activities?			
i	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912	_	-	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
C C				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	) (E)	<u></u>	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), (	or se	
				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	e prior	year?	3 X
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5), c OR (b)	or se Parl	ction III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	0.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of		
а	Current year		2a	3,151.
b	Carryover from last year		2b	
C	Total	. 8	2c	3,151.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	***************************************
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble			
	and political expenditure next year?		4	W
5	Taxable amount of lobbying and political expenditures (see instructions)		5	0.
Parl				
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Pa	t II-A, lines 1 and
•	-A Line 1: Raised awareness of the clean energy and climate stance	s of	can	didates
	13 Tillo 11 100 100 CHOROLOGO OF OLD ORDER PROPERTY AND STREET TO STREET			
for	MD statewide office.	~~~ ~ ~ ~ · ~ · · · · · · · · · · · · ·		***************************************
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Schedule C (Form	990 or 990-EZ) 2018	ge 4
Part IV	Supplemental Information (continued)	,,,,
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

 Open to Public Inspection

Name of the organization	Employer identification number
Chesapeake Climate Action Network Action Fund, Inc.	01-0879928
Pt I, Line 16:	
Description: Transaction fees \$3,590	
Description: Online fees \$200	
Description: Office expenses and supplies \$1,584	1988 6 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9 8 9
Description: Marketing/Advertising \$6,486	
Description: Conferences \$2,120	
Description: Travel \$4,189	
Description: Insurance \$850	
Pt II, Line 24:	
Description: Grants receivable Beginning of Year: \$22,340 End o	f Year: \$1,696
Pt II, Line 26:	
Description: Accounts payable Beginning of Year: \$25,587 End of	Year: \$28,908
Description: Deferred revenue Beginning of Year: \$25,000 End of	Year: 0
	444444444444444444444444444444444444444

