Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 201

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Jun 30 , **20** 20 For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending C Name of organization Chesapeake Climate Action Network, D Employer identification number Check if applicable: Inc. Doing business as 11-3644283 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite P.O. Box 11138 (240)396-1981Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$2,569,824. Takoma Park, MD 20913 Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: Anne Havemann, P.O. Box 11138, Takoma Park, MD 20913 H(b) Are all subordinates included? 🗌 Yes 🗌 No Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list. (see instructions) **X** 501(c)(3)) ◀ (insert no.) ___ 501(c) (Website: ► N/A **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2001 M State of legal domicile: MD Part I **Summary** Briefly describe the organization's mission or most significant activities: Prevention of global warming 1 Activities & Governance 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 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 23 6 6 0 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 1,368,203. 2,253,265. Revenue 9 Program service revenue (Part VIII, line 2g) 222,099. 122,447 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,908. 21,910. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 124,336 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,633,894 2,497,274. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 111,551 160,849. 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) 923,859 1,036,143. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 211,651. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 370,701. 578,708. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,406,111. 1,775,700. 19 Revenue less expenses. Subtract line 18 from line 12 227,783. 721,574. Assets or designation of designation of the designa **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,283,368. 2,217,425. 21 Total liabilities (Part X, line 26) . 33,232. 234,397. 22 Net assets or fund balances. Subtract line 21 from line 20 1,250,136. 1,983,028. Signature Block Part II 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. 02/15/2021 Sign Signature of officer Date Here Kirsten Collings, CFO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed P00183028 02/22/2021 Rufus Ingram Rufus Ingram **Preparer** Firm's EIN \triangleright 54-2089165 Firm's name ► Rufus Ingram, P.A. **Use Only** Phone no. (410)358-3538Firm's address ▶ 6205 Park Heights Avenue, Baltimore, 21215 May the IRS discuss this return with the preparer shown above? (see instructions) Yes □ No

Part I		e Accomplishments a response or note to any line in this Part III
1	Briefly describe the organization's mis	
	Prevention of global warm:	ing
	prior Form 990 or 990-EZ?	gnificant program services during the year which were not listed on the
	If "Yes," describe these new services	
3	Services?	
	•	
4		service accomplishments for each of its three largest program services, as measured be c)(4) organizations are required to report the amount of grants and allocations to others y, for each program service reported.
4a	(Code:) (Expenses \$ 1,3	84,084. including grants of \$ 160,849.) (Revenue \$ 222,099.)
		AN is to raise awareness about the
		ociated with global warming in
		C.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Othor program continue (Describe	Cabadula (A.)
4d	Other program services (Describe on S (Expenses \$ including	grants of \$
4e	Total program service expenses ►	1,384,084.

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Follow the country and all the Day O of Fer 1990 File 2000 File 20		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 23	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	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		×
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		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		<u> </u>
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ĥ
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 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
9 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	7.1.		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	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	.45		
13	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
. •	If "Yes." complete Form 4720. Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.			
Secti	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 12	-					
	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 12						
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-					
2	any other officer, director, trustee, or key employee?	2		×			
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		<u>×</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>×</u>			
5 6	Did the organization have members or stockholders?	6		×			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
7a	one or more members of the governing body?	7a		×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74					
D	stockholders, or persons other than the governing body?	7b		×			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	×				
b	Each committee with authority to act on behalf of the governing body?	8b	×				
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							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co					
40-	Did the consoliration have been been bounded as a settled to 0	40-	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>			
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	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	.,				
40	describe in Schedule O how this was done	12c	×				
13	Did the organization have a written whistleblower policy?	13 14	×	<u>×</u>			
14	Did the organization have a written document retention and destruction policy?	14					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	×				
b	Other officers or key employees of the organization	15b	×				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h					
Section	on C. Disclosure	16b		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ► MD						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	 Γ (Sec	tion F	501(2)			
10	(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)	(360	tion c)O ((C)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and re CCAN, Inc., 6930 Carroll Ave, Ste 720, Takoma Park,, MD 20912 (240)396-21		>				

Form 990 (2019)

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

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

☐ Check this box if neither the organization no	•		aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles er and	Pos neck ss pe	rson	e than of the both or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lise Van Susteren BOD member	2.00	×						0.	0.	0.
(2) Sat Jiwan Board Vice President	4.00	×		×				0.	0.	0.
(3) Natalie Pien BOD member	4.00	×						0.	0.	0.
(4) Ted Rouse Treasurer	4.00	×		×				0.	0.	0.
(5) Albert Nunez BOD member	2.00	×						0.	0.	0.
(6) Rev. Lennox Yearwood BOD member	2.00	×						0.	0.	0.
(7) David Goodrich BOD President	4.00	×		×				0.	0.	0.
(8) Anya Schoolman BOD member	2.00	×						0.	0.	0.
(9) Charlie Garlow BOD member	2.00	×						0.	0.	0.
(10) Terry Ellen BOD member	2.00	×						0.	0.	0.
(11) April Moore BOD member	2.00	×						0.	0.	0.
(12) Tony Noerpel BOD member	2.00	×						0.	0.	0.
(13) Karen Leu BOD member	2.00	×						0.	0.	0.
(14) Michael Tidwell Executive Director	40.00					×		111,390.	0.	0.

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (continued)
		(C)										
	(A)	(B) Position (do not check more than o						200	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportabl		Estimated amount
		hours per week	office	er an	_	lirect	or/trust	<u> </u>	compensation from the	compensation from related		of other compensation
		list any	Indi or d	Inst	Officer	Key employee	High	Former	organization	organizatio	ns	from the
		hours for related	Individual trustee or director	Institutional trustee	er	em	nest oloye	ner	(W-2/1099-MISC)	(W-2/1099-M	ISC)	organization and related organizations
		organizations	or all tr	onal		ploy	e con					related organizations
		below dotted line)	uste	trus		ee	lpen					
		dotted line)	ď	tee			Highest compensated employee					
(4.5)							ă					
(15)			1									
(4.6)												
(16)			-									
(17)												
1111			1									
(18)												
110/												
(19)												
3												
(20)												
3												
(21)												
(22)												
(23)												
(24)												
(25)												
									111 200			
1b	Subtotal	 .///. O*:-							111,390.		0.	0.
C C	Total from continuation sheets to Part			•	•	•			111 200			0
d	Total (add lines 1b and 1c)						obov.	<u> </u>	111,390.	2 than \$100	0.	0.
2	Total number of individuals (including but reportable compensation from the organi		וו טו נו	iose	e iisi		ароvе 1	e) w	no received more	e man \$100	,000	OI
	reportable compensation from the organi	Zation										Yes No
3	Did the organization list any former of	officer dire	octor	tri	icto	ا م	′0V 0	mnl	lovee or highes	t compans	atad	
3	employee on line 1a? If "Yes," complete s							-		-		3 ×
4	For any individual listed on line 1a, is the											
•	organization and related organizations											
	individual	-							•			4 ×
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tion	fro	m any	un un	related organizat	ion or indiv	idual	
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J t	or s	such person .			5 ×
Secti	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	satio	n fo	r the	e ca	lenda	r ye	ar ending with or	within the o	organ	ization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of serv	rices		Compensation
								_				
								_				
	Total number of independent controls	ro (includi:	20 F	.+		lips!1	- A L	۔اند	non listed alarm	o) who		
2	Total number of independent contractor received more than \$100,000 of compens	•	_					י נרו	iose iisteu adov	e) WIIO		

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	ırt 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 b c d	Federated campaig Membership dues Fundraising events Related organization			1a 1b 1c 1d					
utions, Gi ıer Simila	e f	Government grants All other contribution and similar amounts no	(cont	ributions) fts, grants,	1e	2,253,265.				
Sontrib and Oth	g	Noncash contribution lines 1a–1f			1g	\$	2 252 265			
<u> </u>	h	Total. Add lines Ta-	-11 .		•		2,253,265.			
Program Service Revenue	2a b	Climate contr				Business Code 813312	222,099.	222,099.	0.	0.
gram Ser Revenue	c d									
§ _	e	A II - +I								
₫	f	All other program se					000 000			
	<u>g</u> 3	Total. Add lines 2a- Investment income					222,099.			
	4	other similar amoun	ts) .			>	7,286.	0.	0.	7,286.
	5				•	•				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income o	r (loss	s)		>				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets other than inventory	7a	87,1	L74.					
Revenue	b	Less: cost or other basis and sales expenses .	7b	72,5						
Ş.		Gain or (loss)	7c	14,6	524.					
		Net gain or (loss)				<u> ▶</u>	14,624.	0.	0.	14,624.
Other	8a	Gross income from events (not including of contributions replace). See Part IV, line	\$oorte	d on line	8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)	from	ı fundraisin	g eve	ents >				
	9a	Gross income factivities. See Part I			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss)			ctivitie	es >				
		Gross sales of in returns and allowan	ces		10a		-			
		Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento	1				
Snc	11a					Business Code				
Miscellaneous Revenue	i ia b									
ella ve	C									
<u> </u> 8	d	All other revenue								
Σ		Total. Add lines 11a				▶				
	12	Total revenue. See					2,497,274.	222,099.	0.	21,910.

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 . . . (**D**) Fundraising expenses **(B)** Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 160,849. 160,849. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 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 103,471. 856,533. 677,996. 75,066. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,204. 2,142. 13,901. 2,161. Other employee benefits 69,339. 11,969. 10,754. 9 92,062. 10 Payroll taxes 69,344. 55,988. 4,706. 8,650. Fees for services (nonemployees): 11 Management Legal Accounting 18,220. 0. 18,220. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 18,637. 6,699. 10,526. 1,412. Office expenses Information technology 14 15 Occupancy 106,721. 89,953. 5,976. 10,792. 16 20,025. 15,614. 2,090. 2,321. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 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.) Contractual services 44,852. 12,973. 18,137. 13,742. On-line tools 45,090. 31,070. 3,036. 10,984. Contributions С 4,617. 0. 1,725. 2,892. Utilities 13,184. 8,754. 3,603. 827. All other expenses 307,362. 240,948. 22,769. 43,645. 1,775,700. 25 **Total functional expenses.** Add lines 1 through 24e 1,384,084. 179,965. 211,651. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this i	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 473,057.	1	806,452.
	2	Savings and temporary cash investments	. 243,655.	2	697,874.
	3	Pledges and grants receivable, net	. 155,200.	3	277,378.
	4	Accounts receivable, net		4	26,752.
	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	6	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	. 13,260.	9	8,877.
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 28,731			0,077.
	b	Less: accumulated depreciation 10b 28,731		10c	0.
	11	Investments—publicly traded securities		11	400,092.
	12	Investments—other securities. See Part IV, line 11		12	100,002.
	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)		16	2,217,425.
	17	Accounts payable and accrued expenses		17	59,541.
	18	Grants payable		18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	6	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	174,856.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part 2	d		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 33,232.	26	234,397.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	. 951,576.	27	1,159,350.
1 B	28	Net assets with donor restrictions	. 298,560.	28	823,678.
. Fun		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances		32	1,983,028.
ž	33	Total liabilities and net assets/fund balances	. 1,283,368.	33	2,217,425.
					Form 990 (2010

Form 990 (2019) Page **12**

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			×
1	Total revenue (must equal Part VIII, column (A), line 12)	2,49	97,2	74.
2	Total expenses (must equal Part IX, column (A), line 25)	1,7	75,7	00.
3	Revenue less expenses. Subtract line 2 from line 1	72	21,5	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,250,136.		
5	Net unrealized gains (losses) on investments		11,3	18.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,98	83,0	28.
Part	XII Financial Statements and Reporting			
	Check 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: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
С	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?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		×
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.	3b		
			222	

REV 10/27/20 PRO Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection Employer identification number

Che	sapeake Climate Action I					11-3644283					
Pai		- '					ns.				
The o	organization is not a private founda		,		•	•					
1	A church, convention of church										
2	A school described in section		·								
3	A hospital or a cooperative hos						(:::) Fortourth o				
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the				
5	An organization operated for		college or university	owned o	r operate	d by a government	al unit described in				
Ū	section 170(b)(1)(A)(iv). (Com		conege of anivolony	ownou o	Гороган	a by a government	ar armit accombod iii				
6		•	mental unit described	l in sectio	on 170(b)	(1)(A)(v).					
 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general 		the general public									
	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	☐ An agricultural research organi										
	or university or a non-land-gra university:		`	,		•	· ·				
10	An organization that normally receipts from activities related	eceives: (1) more	e than 33½% of its su	upport fro	m contri	outions, membership	o fees, and gross				
	support from gross investment	t income and uni	elated businėss taxal	ole incom	ne (less se	ection 511 tax) from	businesses				
	acquired by the organization a	,	•	,,,,	•	,					
11 12	An organization organized and	•		•			un a cut the a management				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).										
	Check the box in lines 12a thro										
а		_	• • • • • • • • • • • • • • • • • • • •		•	•	_				
	the supported organization										
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B							
b	_ ;										
	control or management of		•		persons	that control or man	age the supported				
_	organization(s). You must				onnostio	a with and functions	ally intograted with				
С	Type III functionally integ its supported organization(any integrated with,				
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)				
	that is not functionally integ						d an attentiveness				
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.					
е							e II, Type III				
	functionally integrated, or		tionally integrated sur	oporting (organizat	ion.					
ī	Enter the number of supported or Provide the following information		orted organization(s)								
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
	(i) Name of Supported organization	(11) = 111	(described on lines 1-10	listed in you	ur governing	support (see	other support (see				
			above (see instructions))	docu	ment?	instructions)	instructions)				
				Yes	No						
(A)											
(B)											
(0)											
(C)											
(D)											
(E)											
Tota	1										

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,540,209. 1,200,628. 1,541,927. 1,368,203. 2,253,265. 7,904,232. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 1,540,209. 1,200,628. 1,541,927. 1,368,203. 2,253,265. 7,904,232. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 7,904,232. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (c) 2017 (d) 2018 (a) 2015 (e) 2019 (f) Total 1,540,209. 1,200,628. 1,541,927. 1,368,203. 2,253,265. 7,904,232. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3,730. 3,920. 6,845. 20,604. 57,009. 21,910. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 7,961,241. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 99.28% 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2019 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (•			%
18	Investment income percentage from 2018					18	%
19a	33 ¹ / ₃ % support tests – 2019. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
b	331/3% support tests – 2018. If the organization 19 is not more than 231/204, shock this						
00	line 18 is not more than 331/3%, check this		_		· · · · · ·		_
20	Private foundation. If the organization di	u noi check a	DOX OF TIME 14.	. 19a. OF 19D. (JUBUK TUS DOX	and see instrill	LUUIIS 📂 🗀

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
c	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
1-	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
3	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III support	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Secti	ion D-Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8 	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive				
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	b From 2015						
c							
d							
e	From 2018						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
<u>i</u> _	Carryover from 2014 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
e	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
Name o	of organization			Employer iden	tification number	_
Ches	apeake Climate Ac	tion Network, Inc.		11-36442	83	
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 c	organization.	
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions t	fo
2	Political campaign activit	y expenditures (see instructions) .		\$		
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)			
Part		e organization is exempt unde				
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$		
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes N	lo
4a	Was a correction made?				Yes N	lo
b	If "Yes," describe in Part					
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).	
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function		
2		filing organization's funds contributies	•			
3		expenditures. Add lines 1 and 2.				
				_		
4	Did the filing organization	n file Form 1120-POL for this year?	?		Yes N	0
5	organization made payme	ses and employer identification nur ents. For each organization listed, on entributions received that were pro	enter the amount p	paid from the filing organi	zation's funds. Also en	te
		fund or a political action committee				
	(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	I
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Pá	art II-A	Section 501(h)).	is exempt under section 501(c)(3) and filed	1 Form 5768 (ele	ection und	er
Α	Check ▶	_	s to an affiliated group (and list in Part IV each affil	iated group memb	er's name,	
		•	hare of excess lobbying expenditures).			
В	Check ▶	if the filing organization checke	ed box A and "limited control" provisions apply.			
		Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliat	ed
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group tot	als
1	la Total	lobbying expenditures to influence p	oublic opinion (grassroots lobbying)	21,240.		
	b Total	lobbying expenditures to influence a	a legislative body (direct lobbying)	139,609.		
	c Total	lobbying expenditures (add lines 1a	and 1b)	160,849.		
	d Other	exempt purpose expenditures		1,614,851.		
	e Total	exempt purpose expenditures (add	lines 1c and 1d)	1,775,700.		
	f Lobb	ying nontaxable amount. Enter th	ne amount from the following table in both			
	colun	nns.		238,785.		
	If the a	amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not ov	er \$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 Grass	roots nontaxable amount (enter 25%	% of line 1f)	59,696.		
		act line 1g from line 1a. If zero or les		0.		
	i Subtr	act line 1f from line 1c. If zero or les	s, enter -0	0.		
	-		on either line 1h or line 1i, did the organization	file Form 4720		_
	repor	ting section 4911 tax for this year?			Yes	_ No
			r Averaging Period Under Section 501(h)			
	(Sor	ne organizations that made a sec	tion 501(h) election do not have to complete all	of the five column	ns below.	

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a	Lobbying nontaxable amount	210,096.	218,240.	215,939.	238,785.	883,060.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,324,590.				
С	Total lobbying expenditures	88,513.	84,859.	111,059.	160,849.	445,280.				
d	Grassroots nontaxable amount	52,524.	54,560.	53,985.	59,696.	220,765.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					331,148.				
f	Grassroots lobbying expenditures	36,640.	30,354.	15,882.	21,240.	104,116.				

See the separate instructions for lines 2a through 2f.)

BAA

Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	Form	5768		
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	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?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2 a	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 .					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	nes 1	and

Schedule C (Form	n 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

Employer identification number

Chesapeake Climate Action Network, Inc. 11-3644283 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Page **2**

Part	Organizations Maintaining Col	llections of Art,	Histori	cal Treasures	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and other r	ecords,	check any of th	e follow	ing that make s	ignificant υ	se of its
а	☐ Public exhibition		d 🗌 L	oan or exchang	e progr	am		
b	☐ Scholarly research		e 🗌 (Other				
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	s collections and e	explain h	ow they further	the org	anization's exen	npt purpos	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained						☐ No
Part								
	Complete if the organization ans 990, Part X, line 21.							orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						_	☐ No
b	If "Yes," explain the arrangement in Part X	III and complete th	ne follow	ing table:				
						Aı	nount	
С	Beginning balance				1c			
d	Additions during the year				1d	_		
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on					-		∐ No
	If "Yes," explain the arrangement in Part X	III. Check here if the	ne expla	nation has been	provide	ed on Part XIII .		
Par		1 /0 / 11			4.0			
	Complete if the organization ans						1	
) Current year (I	o) Prior yea	ar (c) Two yea	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the c	urrent year end ba	lance (lir	ne 1g, column (a	a)) held a	as:	•	
а	Board designated or quasi-endowment	. %						
b	Permanent endowment ► %	6						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%						
3a	Are there endowment funds not in the pos	ssession of the org	ganizatio	on that are held	and ad	ministered for th	e	
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	izations listed as re	equired	on Schedule R?			3b	
4	Describe in Part XIII the intended uses of t	he organization's	endowm	ent funds.				
Part	VI Land, Buildings, and Equipmen	nt.						
	Complete if the organization ans	swered "Yes" on	Form 9	90, Part IV, lin	e 11a. :	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or other ba (investment)	sis (b)	Cost or other basis (other)		Accumulated epreciation	(d) Book	alue
1a	Land		0.					0.
b	Buildings							
С	Leasehold improvements							
d	Equipment			28,731.		28,731.		0.
e	Other							
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, P	art X, co	olumn (B), line 10	Oc.)	•		0.

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of recently or acting to the control of the con	Part VII	Investments – Other Securities.	m 000 Dort IV lin	o 11h Coo Form	000 Part V line 12
Continue name of security Cost or end-of-year market value					
			(b) Book value		
(8) (9)					
(A) (B) (C)		eld equity interests			
(B) (C)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered Part Vision Part					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line					
(F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(ii) (ic) (it) (it) (it) (it) (it) (it) (it) (it					
(ft) Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ 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: Coact or end-of-year market value (d) Book value (e) Book value (e) Book value (ft) B					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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: Coast or end-of-year market value					
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 matriet value (d) (e) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description of Investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		m 000 Dart IV lin	o 11a Coo Form	000 Dort V line 12
(1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<u> </u>			
(2) (8) (9) (9) (9) (9) (9) (10)		(a) Description of Investment	(b) Book value		
(2) (8) (9) (9) (9) (9) (9) (10)	(1)				
(a) (b) (c)					
6 6 6 6 6 6 6 6					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ 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) 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, col. (B) line 25	(4)				
(7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (9) (10	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ 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) 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, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 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) 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) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
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(f) (g) (g) (g) (g) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
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, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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, col. (B) line 25.)					
Iine 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X				
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, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					#ND
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		*** *			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		come taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
				<u> ▶</u>	

Schedule D (Form 990) 2019 Page 4

Part		-	r Returi	n.
	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	2,497,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,497,274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,497,274.
Part			er Reti	urn.
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	1,775,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,775,700.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	4 555 500
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	1,775,700.
Part	• • •	14 5 . 197 11 . 14		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			
z, Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	mormati	ion.

Schedule D (Fo	orm 990) 2019	Page \$
Part XIII	Supplemental Information (continued)	•

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number

Chesapeake Climate Acti						1	11-3644283
Part I General Information							
 Does the organization maintain the selection criteria used to Describe in Part IV the organization 	award the grants	or assistance?				for the grants or assi	
Part II Grants and Other As Part IV, line 21, for ar	ssistance to Do ny recipient that	omestic Organia received more t	zations and Don han \$5,000. Part	nestic Governm Il can be duplica	nents. Complete ated if additional	if the organization space is needed.	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CCAN Action Fund							
6930 Carroll Ave Takoma Park MD 20912	01-0879928	501(c)(4)	160,849.	0.	FMV	N/A	climate change mitigation education.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(14)							
2 Enter total number of section3 Enter total number of other of		_		line 1 table			•

Schedule I (Form 990) (2019)

(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
Supplemental Information. P	rovide the information r	equired in Part I I	ine 2: Part III. colum	n (b): and any other addition	onal information

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Chesapeake Climate Action Network, Inc.	11-3644283
Pt VI, Line 11b: Discuss with general counsel and deputy director	; presented
to full BOD before filing.	
Pt VI, Line 12c: Discussed at annual retreat with BOD.	
Pt VI, Line 15a: Addressed by BOD at annual budget meeting.	
Pt VI, Line 15b: Addressed by BOD at annual budget meeting.	
Pt XI: Release of prior year donor restricted net assets	
Pt IX, Line 24e:	
Description: Event expenses	
Total: \$32,349	
Program services: \$19,742	
Management and general: \$208	
Fundraising: \$12,399	
Description: Bank/investment fees	
Total: \$9,608	
Program services: \$0	
Management and general: \$1,090	
Fundraising: \$8,518	
Description: Insurance/taxes	
Total: \$10,135	
Program services: \$8,668	
Management and general: \$248	
Fundraising: \$1,219	
Description: Postage & printing	
Total: \$9,477	
Program services: \$6,164	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Chesapeake Climate Action Network, Inc.	Employer identification number 11-3644283
Management and general: \$1,440	
Fundraising: \$1,873	
Description: Payroll fees	
Total: \$4,639	
Program services: \$0	
Management and general: \$4,639	
Description: Subscriptions	
Total: \$4,575	
Program services: \$1,281	
Management and general: \$3,100	
Fundraising: \$194	
Description: Staff development	
Total: \$7,350	
Program services: \$5,758	
Management and general: \$617	
Fundraising: \$975	
Description: Grant partnerships	
Total: \$75,000	
Program services: \$75,000	
Management and general: \$0	
Fundraising: \$0	
Description: Community outreach	
Total: \$154,229	
Program services: \$124,335	
Management and general: \$11,427	
Fundraising: \$18,467	

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning Jul 1 , 2019, and ending Jun 30, 20 20

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Name of exempt organization	Employer identification number
Chesapeake Climate Action Network, Inc.	11-3644283
Name and title of officer	
Kirsten Collings, CFO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable check the box on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return be leave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you enter the applicable line below. Do not complete more than one line in Part I.	eing filed with this form was blank, then
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line	12) 1b 2,497,274.
2a Form 990-EZ check here ► □ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ► □ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI,	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	
Dark III Declaration and Circulature Authorization of Officer	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have	ve evenined a convert the
are true, correct, and complete. I further declare that the amount in Part I above is the amount sorganization's electronic return. I consent to allow my intermediate service provider, transmitter to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement the transmission, (b) the reason for any delay in processing the return or refund, and (c) the data authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds wit financial institution account indicated in the tax preparation software for payment of the organiz return, and the financial institution to debit the entry to this account. To revoke a payment, I mu Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I involved in the processing of the electronic payment of taxes to receive confidential information resolve issues related to the payment. I have selected a personal identification number (PIN) as electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	r, or electronic return originator (ERO) at of receipt or reason for rejection of e of any refund. If applicable, I shdrawal (direct debit) entry to the sation's federal taxes owed on this st contact the U.S. Treasury Financial also authorize the financial institutions in necessary to answer inquiries and
Officer's PIN: check one box only	
☑ I authorize Rufus Ingram, P.A. to enter my PIN	2 1 2 1 5 as my signature
	Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed return. If I have indicated within this being filed with a state agency(ies) regulating charities as part of the IRS Fed/State progra ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's If I have indicated within this return that a copy of the return is being filed with a state ager the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ▶ Date ▶ 0	2/15/2021
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically indicated above. I confirm that I am submitting this return in accordance with the requirements information for Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature ▶ Date ▶	02/22/2021
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested 1	

Name Employer Identification No. Chesapeake Climate Action Network, Inc. 11-3644283

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Event expenses	32,349.	19,742.	208.	12,399.
Bank/investment fees	9,608.	0.	1,090.	8,518.
Insurance/taxes	10,135.	8,668.	248.	1,219.
Postage & printing	9,477.	6,164.	1,440.	1,873.
Payroll fees	4,639.	0.	4,639.	0.
Subscriptions	4,575.	1,281.	3,100.	194.
Staff development	7,350.	5,758.	617.	975.
Grant partnerships	75,000.	75,000.	0.	0.
Community outreach	154,229.	124,335.	11,427.	18,467.
		-		
Total to Form 990, Part IX, line 24e	307,362.	240,948.	22,769.	43,645.