Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year 1,362,941 1,027,252 1,0 1,000 1,	Α	For the	e 2022 ca	endar year, or tax year beginning		, and er			
Name change	В	Check if a	applicable:	C Name of organization Climate Action Campa	ign		D Employer	identification	on number
Name change Sable Cleveland Ave 208 E Exeptone number		Address of	change	Doing business as					
Initial return				Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	47-2398562) :	
First information of the provincing of the governing body (Part VI. Inc.) Tax-compt status: Solicio Solicio (mest no.) 1 1 227 Website: WWW.ClimateActionCampaign.Org K Form of organization: X Solicio Solicio (mest no.) 1 247(s)(1) or 227 Website: WWW.ClimateActionCampaign.Org	Ш	Name cha	ange	3900 Cleveland Ave		208	E Telephone	number	
Fired rountstamentals		Initial retu	ırn	City or town	State	ZIP code	040 440 404	20	
Friend and authernational Froeign province/state/county Foreign postal code G Gribbs re-implies 1,160,646 Application pending F Name and audities of principal officer. Nicole Carpetz 3900 Cleveland Ave, Ste 208, San Diego, CA 92103 H(a) is this a grassertum's shortanties? Ves No No Notice Nicole Carpetz 3900 Cleveland Ave, Ste 208, San Diego, CA 92103 H(a) is this a grassertum's shortanties? Ves No Notice Nicole Carpetz 3900 Cleveland Ave, Ste 208, San Diego, CA 92103 H(b) here als accordings included? Ves No Notice Noti	\equiv			San Diego	CA	92103	619-419-122	22	
Annexes return	╙	Final return	/terminated		state/county	Foreign postal	code		
Page	П	Amended	d return		•	0 1		eipts \$	1.160.646
Tax-exempt status:	\equiv		ļ						
Tax-exempt status:	\sqcup	Application	on pending	F Name and address of principal officer:			H(a) Is this a group return for	or subordinates	? Yes X No
Website: www.ClimateActionCampaign.Org				Nicole Capretz 3900 Cleveland Ave, Ste 208	B, San Diego, CA	92103	H(b) Are all subordinate	s included?	Yes No
Website: WWW.ClimateActionCampaign Org		Tay-ever	mnt etatue:	X 501(c)(3) 501(c) ((insert n	0) 4947(2)(1)) or 527	If "No," attach a lis	t. See instruc	ctions
Part Summary					0.) 4347(a)(1)	701 321			
Briefly describe the organization's mission or most significant activities: Part Summary Briefly describe the organization's mission or most significant activities: Siop the climate crisis	J	Website	: WW\	v.ClimateActionCampaign.Org	_		H(c) Group exemption n	number	
Briefly describe the organization's mission or most significant activities: Sinp the climate crisis	Κ	Form of	organization	: X Corporation Trust Association	Other	L Yea	r of formation: 2014	M State	of legal domicile: CA
Prior Place Program service revenue (Part VIII, cloumn (A), lines 3, 4, and 7d) 11 12 15 16 18 19 19 19 19 19 19 19	-	art I	S.II	mmary				_	<u> </u>
Check this box					mificant activities	Cton	the climate ericie		
Net unrelated business taxable income from Form 990-T, Part I, line 11 The	Φ	1	Briefly d	escribe the organization's mission or most sig	gnilicant activitie	s: 510p	the climate crisis		
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Net unrelated business taxable income from Form 990-T, Part I, line 11 The	i a						<u>/.)</u>		
Net unrelated business taxable income from Form 990-T, Part I, line 11 The	ě	2	Check th	nis box if the organization discontinue	ed its operations	or disposed	of more than 25% of	of its net a	ssets.
Net unrelated business taxable income from Form 990-T, Part I, line 11 The	မိ		Number				I		
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Prior Year Current Year 1,362,941 1,027,252	ď	7a	Total un	related business revenue from Part VIII, colur	mn (C), line 12 .	·		7a	0
8		b	Net unre	lated business taxable income from Form 99	0-T, Part I, line	11		7b	
9	nue						Prior Year		Current Year
9		8	Contribu	itions and grants (Part VIII, line 1h)	~	1	1.362	.941	1.027.252
11						1			
11	Vel.								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	æ								
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)				· · · · · · · · · · · · · · · · · · ·	T	*			
14 Benefits paid to or for members (Part IX, column (A), line 4)							1,526		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 999,339 1,264,368 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 168,929 226,435 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,168,268 1,515,803 19 Revenue less expenses. Subtract line 18 from line 12 358,229 -370,495 20 Total assets (Part X, line 16) 2,644,455 2,347,768 21 Total liabilities (Part X, line 26) 2,521,263 2,176,902 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer Vicole Capretz Print/Type preparer's name Preparer's signature Date Check if Frim's name Kagan Ariel M Kagan Firm's name Kagan & Associates, CPAs Firm's ElN 27-4250737 Phone no. (619) 878-5779 Phone no. (619) 878-5779		13						0	25,000
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits	paid to or for members (Part IX, column (A),	line 4)			0	0
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Signature of officer Nicole Capretz CEO							•	•	
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Nicole Capretz CEO Type or print name and title	Sig	gn	Ciamat	us of officer			Dete		
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	-			's address 10763 Woodside Ave, Ste B, Sar	ntee, CA 92071		Phone no.	(619) 878	3-5779
	Ma	v the IR				:	•		X 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	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
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		Χ
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</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Χ
0	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	441.		v
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Χ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	420	_	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>	12a	Х	
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Χ
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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	х	
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	Χ	
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		Χ
20a	3 1	20a		Χ
	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	Х	
	domestic government on Fartix, column (-), line 1: II Tes, complete schedule I, Farts Fartu II	41	^	

Par	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		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		_
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		†
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			t
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	200		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
Ŭ	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	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	051		
20	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</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
55	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		, 55		
- 41	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Page **5**

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			V
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	GD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		Х
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	4		
с 14а	Enter the amount of reserves on hand	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	-5		È
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Yes " complete Form 6069	- '		
	II TES. COMPIETE FUTITIONUS.			

Climate Action Campaign Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI Section A. Governing Body and Management

OCCL	ion A. Governing Body and Management	I	Vaa	N.a.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
·	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	
0000	terre pri didice (Time decideri e requeste imarmation about poriore not required by the internal revenue e	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00		
D	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	Χ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Па	^	
b		40-	V	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12D	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	` '		
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	CV.		
	and financial statements available to the public during the tax year.	-,,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	Galena Robertson (858) 837-1604			
	3900 Cleveland Ave 208, San Diego, CA 92103			

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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any	/ related organiz	ation	con	npei	nsat	ed an	у сі	urrent officer, di	ector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck s pe	more rson irecto	than of is both pr/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Nicole Capretz	40.00									
CEO	0.00					Χ		179,996		
(2) Mary Yang	1.00	1								
Secretary	0.00	Х		Χ				0		
(3) Kelly Sherlock	1.00									
Treasurer	0.00	Χ		Χ				0		
(4) Cristina Marquez	1.00									
Member	0.00	Χ						0		
(5) Don Mosier	1.00									
Member	0.00	Χ						0		
(6) Sebastian Sarria	1.00									
Member	0.00	Χ						0		
(7) Kara Ballester	1.00									
Chair	0.00	Χ		Χ				0		
(8) Aviva Paley	1.00	4								
Vice Chair	0.00	Χ						0		
(9) Rosa Olascoaga Vidal	1.00	1								
Member	0.00	Χ						0		
(10)		:								
(11)										
(12)										
(13)										
(14)										

	990 (2022) Climate Action Campaign								47-239	
Pa	Section A. Officers, Directors, Tru	ıstees, Key Em İ	ploye	es,	and (0		ghest (Compensated En	nployees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	ition more rson irecto	than one is both a or/trustee employ	Reportable compensation	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	oer .	Key employee	Highest compensated employee	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(15)									1	
(16)										
(17)										
(18)										
(19)										
(20)							//	0		
(21)				1.		11				
(22)										
(23)			V							
(24)										
(25)		1								
1b	Subtotal							179,996	0	0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)							179,996		0
2	Total number of individuals (including but not lin	mited to those lis							•	
	reportable compensation from the organization									Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>		-	-			-	•		3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	ater than \$150,00	00? It	"Ye	s,"	com	plete S		h	4 X
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	y u	nrel	ated or	ganization or indi	vidual	
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	es, complete St	cneau	iie J	TOF	suc	n perso	on		5 X
1	Complete this table for your five highest compe compensation from the organization. Report co									tax vear.
	(A) Name and business add	•						(B) Description of ser		(C) Compensation
										0
										0
										0
										0

Total number of independent contractors (including but not limited to those listed above) who received

0

more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line in	ı this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
Gra	С	Fundraising events					
ts, An	d	Related organizations					
Gif Iar		Government grants (contributions) 16					
s, mi	e	_ ,	40,000				
ion Si	f	All other contributions, gifts, grants, and	070 000				
out he		similar amounts not included above 11	870,968				
ıt:i	g	Noncash contributions included in					
Son			\$ 301				
о в	h	Total. Add lines 1a–1f		1,027,252			
			Business Code				
ce	2a	Contract Income	900099	29,681	29,681		
Program Service Revenue	b	Misc	900099	0			
gram Serv Revenue	С			0			
m Ve	d			•0			
jra Re	٥			0			
roç	•	All other program service revenue		0			
₫	-	. •		7			
	g	Total. Add lines 2a–2f		29,681			
	3	Investment income (including dividends, intere					
		other similar amounts)		2,506			2,506
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	•	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other	J			
		sales of assets					
			0 0				
O	L	Less: cost or other basis	0				
Revenue	b						
Ve		and sales expenses	0 0				
Re	С	` '	0 0				
er	d			0			
Oth	8a	Gross income from fundraising					
0		events (not including \$ 270					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	101,207				
	b	Less: direct expenses 8b	15,338				
	С	Net income or (loss) from fundraising events .		85,869			
	9a	Gross income from gaming activities.		55,555			
	Ju	See Part IV, line 19 9a	0				
	L						
	b			0			
		Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances 10					
	b	Less: cost of goods sold 10	b 0				
	С	Net income or (loss) from sales of inventory .	<u> </u>	0			
S			Business Code				
e e	11a			0			
ine	b			0			
scellaneo Revenue	C			0			
Re	4	All other revenue		0			
Miscellaneous Revenue	u		L	0			
	42	Total. Add lines 11a–11d			20.004	^	0.500
	12	Total revenue. See instructions		1,145,308	29,681	0	2,506

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	to any line in this Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	25,000	25,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	179,996	143,996	18,000	18,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	907,209	731,855	86,482	88,872
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	88,728	71,479	8,527	8,722
10	Payroll taxes	88,435	71,243	8,499	8,693
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	12,692	4,188	8,123	381
С	Accounting	22,075	7,285	14,128	662
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	46,786	15,291	29,272	2,223
12	Advertising and promotion	0			
13	Office expenses	26,069	21,001	2,505	2,563
14	Information technology	19,944	16,067	1,917	1,960
15	Royalties	0			
16	Occupancy	24,000	19,334	2,307	2,359
17	Travel	17,210	15,489		1,721
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	17,494	13,121	4,373	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	748	611	54	83
23	Insurance	5,034	4,055	484	495
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.)				
а	In Kind	301	301		
b	Flip the Script	242	242		
С	Green New Deal	4,164	4,164		
d	Neighborhood Reinvestment	10,937	10,937		
е	All other expenses Outreach/Promotion/Staff	18,739		1,794	1,843
25	Total functional expenses. Add lines 1 through 24e	1,515,803	1,190,761	186,465	138,577
26	Joint costs. Complete this line only if the			Ι Τ	
	organization reported in column (B) joint costs				
	from a combined educational campaig <u>n a</u> nd				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

47-2398562

Part X Balance Sheet

	1 2		(A) Beginning of year		(B)
			0 0 ,		End of year
	2	Cash—non-interest-bearing	1,661,787	1	1,247,032
	_	Savings and temporary cash investments	210,973	2	56,196
	3	Pledges and grants receivable, net	753,874	3	485,651
	4	Accounts receivable, net	447	4	19,653
	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	0	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)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	722	8	
٩	9	Prepaid expenses and deferred charges	9,232	9	9,800
1	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8,979			
	b	Less: accumulated depreciation	7,420	10c	6,672
<i>'</i>	11	Investments—publicly traded securities	0	11	522,764
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,644,455	16	2,347,768
	17	Accounts payable and accrued expenses	24,179	17	39,570
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
≝۱		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons	0	22	
- 4	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete	00.040		404.000
ر ا		Part X of Schedule D	99,013		131,296
	26	Total liabilities. Add lines 17 through 25	123,192	26	170,866
Ses		Organizations that follow FASB ASC 958, check here X			
au au		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions	2,217,314	27	2,057,615
필 2	28	Net assets with donor restrictions	303,949	28	119,287
.≒		Organizations that do not follow FASB ASC 958, check here			
[]		and complete lines 29 through 33.			
) <u>s</u>	29	Capital stock or trust principal, or current funds	0	29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
AS 3	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
•	32	Total net assets or fund balances	2,521,263	32	2,176,902
- 3	33	Total liabilities and net assets/fund balances	2,644,455	33	2,347,768

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)	1		1,145	5,308
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,803
3	Revenue less expenses. Subtract line 2 from line 1	3		-370	0,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,521	1,263
5	Net unrealized gains (losses) on investments	5			6,134
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	4			
	column (B))	10		2,176	3,902
Part					
	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
~	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:				
	X 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		0.0	V	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the aggregation changed either the aversight present and selection present during the tay year explain an		2c	Х	
	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				
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b			. <u>Ja</u>		^
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required dudit of dudite; explain will on concade of the december any stope taken to disarry dudite.	<u></u>		990	(2022)
			1 01111		(2022)
	(V)				
	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.				

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 47-2398562 Climate Action Campaign Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Sch	edule A (Form 990) 2022 Climate Ac	tion Campaign				47-239856	2 Page 2
Pa	Support Schedule for Orga (Complete only if you checked Part III. If the organization fa	anizations Des ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify un	der
Se	ction A. Public Support				•	,	
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	702,736	1,007,201	1,258,578	1,521,102	1,142,802	5,632,419
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge)/	1	0
4 5	Total. Add lines 1 through 3	702,736	1,007,201	1,258,578	1,521,102	1,142,802	5,632,419
6	Public support. Subtract line 5 from line 4						5,632,419
	ction B. Total Support						0,002,110
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	702,736	1,007,201		1,521,102	1,142,802	5,632,419
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,304	6,645	6,274	5,395	2,506	25,124
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					0
11	Total support. Add lines 7 through 10						5,657,543
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here.			or fifth tax year as a	. , , ,		

Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 99.56% 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test—2021. 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 supported 18 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)

Schedule A (Form 990) 2022

(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.)

Sec	ction A. Public Support	amy ander the	tooto notou bon	ov, piedee cen	ipioto i art ii.)		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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					A	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						_
<u> </u>	line 6.)			•			0
	ction B. Total Support	(=) 2040	(h) 2040	(=) 2020	(4) 2024	(-) 2022	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						0
h	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975	0	0	0	0	0	0
11	Net income from unrelated business	0	0	0	0	0	0
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)	· ·	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 8, c	•	_	(f))		15	0.00%
16	Public support percentage from 2021 Sched					16	0.00%
	ction D. Computation of Investmer						
17	Investment income percentage for 2022 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2021 Se		-			18	0.00%
	33 1/3% support tests—2022. If the organi						
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2021. If the organi				-		-
	line 18 is not more than 33 $1/3\%$, check this	box and stop here	. The organization	qualifies as a pub	licly supported orga	anization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

Page 3

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 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 supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
- 4-		
9b		
9с		
10a		
10b		

	le A (Form 990) 2022 Climate Action Campaign	47-2398562	P	age 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	ind		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, I detail in Part VI.	provide 11c		
Secti	ion B. Type I Supporting Organizations			
		<u> </u>	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	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 s	A.		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	o.u4		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P. VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	art		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	ors		
	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 manage	:d		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		1.,	
	Did the approximation provide to each of its approximated approximations by the last day of the fifth provide of the		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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <i>Part</i> "			
	the organization maintained a close and continuous working relationship with the supported organization(
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has			
	a 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		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructior	1 s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntal entity (see instruc		
2	Activities Test. Answer lines 2a and 2b below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes			
	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 purpos			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvements.	2a		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged			
	these activities but for the organization's involvement.	"/ 2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	ard. 3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g tru:	st on Nov. 20, 1970 <i>(explain l</i>	•
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	0	0
5 Depreciation and depletion	5	A	
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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III supporting o	organization (see

Part '	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	l				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	5				
6	Other distributions (describe in Part VI). See instructions.		6_				
7	Total annual distributions. Add lines 1 through 6.		7	0			
8	Distributions to attentive supported organizations to which the	ne organization is respor					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9	0			
10	Line 8 amount divided by line 9 amount		10	0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2022						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
<u> </u>	From 2018						
<u>c</u>	From 2019						
<u>d</u>	From 2020						
<u>e</u>	From 2021	0					
f	Total of lines 3a through 3e	0	0				
<u>g</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount		U	0			
	Carryover from 2017 not applied (see instructions)			U			
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2022 from	, and the second					
	Section D, line 7: \$ 0						
<u>a</u>			0				
	Applied to 2022 distributable amount			0			
<u>c</u>	Tromandor. Captact med la arta ib nominio i.	0					
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result		^				
	greater than zero, explain in Part VI . See instructions.		0				
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0			
7	Excess distributions carryover to 2023. Add lines 3j			0			
′	and 4c.	0					
8	Breakdown of line 7:	U					
a	Excess from 2018 0						
<u>u</u>	Excess from 2019						
	Excess from 2020						
d							
	Excess from 2022 0						

Climate Action Campaign

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 B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization

Climate Action Campaign

Employer identification number
47-2398562

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is cov	ered by the General Rule or a Special Rule .					
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
instructions.						
General Rule						
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the ye contributions totaled mo during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$234,534	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ <u>5,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$145,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,010	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$100,700	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,030	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll		

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$10,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$80,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$45,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$ 150,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	Anonymous 3900 Cleveland Ave, Suite 208 San Diego CA 92103 Foreign State or Province: Foreign Country:	\$5,894	Person X Payroll		

Part II	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org Climate Act	anization tion Campaign			Employer identification number 47-2398562	
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the yea Use duplicate copies of Part III if additional	rear from any occupleting Parter. (Enter this into	one contributor. Comp t III, enter the total of ex formation once. See ins	ibed in section 501(c)(7), (8), or olete columns (a) through (e) and occlusively religious, charitable, etc.,	0
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and		ransfer of gift Relation	ship of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			ransfer of gift		
	Transferee's name, address, and	ZIP + 4		ship of transferor to transferee	
(a) Na	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and		ransfer of gift Relation	ship of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and		ransfer of gift	chin of transferor to transferoe	
		<u></u>	Relation	ship of transferor to transferee	
	For. Prov. Country				

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ Activities), \ Part \ V, \$

- 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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Nam	e of organization			Emplo	yer identification number
Clim	nate Action Campaign				47-2398562
Pa	rt I-A Complete if t	he organization is exempt und	der section 501	(c) or is a section 52	7 organization.
1	Provide a description of the	he organization's direct and indirect	political campaign	activities in Part IV. See i	nstructions for
	definition of "political cam			•	
2		expenditures. See instructions			\$
3		cal campaign activities. See instruction			
Pa		he organization is exempt und			
1		excise tax incurred by the organization			\$
2		excise tax incurred by organization n			\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part I	IV.			
Pa	rt I-C Complete if t	he organization is exempt und	der section 501	(c), except section 50)1(c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 exe	empt function	
	activities				\$
2	Enter the amount of the fi	iling organization's funds contributed	to other organizat	ions for section	
	527 exempt function activ	vities			\$
3	Total exempt function exp	penditures. Add lines 1 and 2. Enter	here and on Form	1120-POL,	
	line 17b				\$0
4	Did the filing organization	file Form 1120-POL for this year?.			Yes No
5		ses and employer identification numb			
		ents. For each organization listed, er			
		ntributions received that were promp			
	as a separate segregated	fund or a political action committee	(PAC). If additiona	ai space is needed, provid	le information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				·	delivered to a separate political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)	•		•		
/E\					
(5)					
(6)	,				
(5)					

Page 2

P	art II-A Complete if the organization	ion is exempt	under section 50	01(c)(3) and filed	l Form 5768 (elec	ction		
^	under section 501(h)). Check if the filing organization below	ange to an offiliate	ad aroup (and list in	Dort IV and affiliat	tod group mombarla			
^	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check if the filing organization checked box A and "limited control" provisions apply.							
	Limits on Lo	bbying Expendit	ures	11.7	(a) Filing	(b) Affiliated		
	(The term "expenditures"				organization's totals	group totals		
1a	Total lobbying expenditures to influence p		,		1,064	0		
b	Total lobbying expenditures to influence a	-			14,047	0		
C	Total lobbying expenditures (add lines 1a	•		i i	15,111	0		
d	Other exempt purpose expenditures Total exempt purpose expenditures (add I				1,362,115 1,377,226	0		
e f	Lobbying nontaxable amount. Enter the a				1,377,220	0		
٠	columns.	mount nom the ic	mowing table in both		212,723	0		
	If the amount on line 1e, column (a) or (b) is	s. The lobbyin	g nontaxable amou	nt is:	212,725	0		
	Not over \$500,000		mount on line 1e.	110.				
	Over \$500,000 but not over \$1,000,000		is 15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000		is 10% of the excess					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)			53,181	0		
h	Subtract line 1g from line 1a. If zero or les	s, enter -0			0	0		
i	Subtract line 1f from line 1c. If zero or less	s, enter -0			0	0		
j	If there is an amount other than zero on e			ation file Form 4720	0 reporting			
	section 4911 tax for this year?					Yes No		
	4	l-Year Averaging	Period Under Sec	tion 501(h)				
	(Some organizations that made a	section 501(h) e	lection do not hav	e to complete all o	of the five columns	below.		
	See	the separate ins	tructions for lines	2a through 2f.)				
	Lobby	ying Expenditure	es During 4-Year A	veraging Period				
	Calendar year (or fiscal year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total		
	beginning in)	(u) 2010	(6) 2020	(0) 2021	(u) 2022	(c) rotal		
	3 ,	4	*					
2a	Lobbying nontaxable amount	121,999	175,227	192,291	212,723	702,240		
b	Lobbying ceiling amount (150% of line 2a, column(e))		·	·		1,053,360		
С	Total lobbying expenditures	4,264	9,917	18,951	15,111	48,243		
d	Grassroots nontaxable amount	30,660	43,807	48,073	53,181	175,721		
е	Grassroots ceiling amount (150% of line 2d, column (e))					263,582		
f	Grassroots lobbying expenditures	275	1 562	600		2.510		

1,563

608

1,064

3,510

Schedule C (Form 990) 2022

nate Action Campaign 47-2398562

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** 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: Χ X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Х **d** Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Х Х Direct contact with legislators, their staffs, government officials, or a legislative body? . Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . Χ Χ i i j 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Χ **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? . . . 1 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). **a** Current year 2a **b** Carryover from last year 2b 2c 0 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible **Supplemental Information** Part IV Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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Schedule C (Fo	min 990) 2022 Pag	e 4
Part IV	Supplemental Information (continued)	_
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number Climate Action Campaign Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. 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 Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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.

Part	Ш	Organizations Maintaining C	ollec	tions of Ar	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (conti	nued)	
3	Usir	ng the organization's acquisition, ac	cessio	on, and other	records,	check any	of the followi	ing that	make significan	t use of it	s	
	colle	ection items (check all that apply):				_						
а		Public exhibition			d	Loan or	exchange pro	ogram				
b		Scholarly research			е	Other						
С		Preservation for future generations	;			_						
4	Prov	vide a description of the organizatio		llections and	explain h	now they fu	ırther the ora	anizatio	n's exempt purp	ose in Pa	art	
•	XIII.		110 00		οχριαιτί	iow thoy to	iranor ano orga	amzano	no oxompt parp	000 1111 0		
5	Duri	ing the year, did the organization so	olicit o	r receive don	ations of	art, historio	cal treasures,	, or othe	er similar .			
	asse	ets to be sold to raise funds rather t	han to	be maintain	ed as par	t of the org	ganization's c	ollection	n?	Y	es	No
Part	IV	Escrow and Custodial Arran	aeme	ents.					4 4 4			
		Complete if the organization as			n Form	990. Part	IV. line 9. c	or repo	rted an amour	t on Fo	m	
		990, Part X, line 21.				,	,					
1a	Is th	ne organization an agent, trustee, cu	ıstodi	an or other in	termedia	ry for contr	ibutions or of	ther ass	ets not			
		uded on Form 990, Part X?				-		andr doc		☐ Ye	es	No
b		es," explain the arrangement in Par								Ш.	~	
		,,,								Amount		
С	Beg	inning balance						10	:			0
d	_	litions during the year						10				
е		ributions during the year						1e				
f		ling balance						1f				0
2a	Did	the organization include an amount	on Fo	orm 990. Part	t X. line 2	1. for escr	ow or custodi	al acco	unt liability?	Ye	s X	No
b		es," explain the arrangement in Par					*				=	
Part		Endowment Funds.	7(111.	Ondok nord	11 ti 10 OXP	iditation no	ao boon provi	1404 011	T GIT / GIT :			
Part	V	Complete if the organization a	ncwo	rod "Voc" o	n Form	000 Part	IV line 10					
		Complete if the organization at		Current year		ior year	(c) Two years	book	(d) Three years back	(a) Fo	ur years	hook
10	Boa	inning of year balance	(a) (0	(D) F1	0	(c) Two years	0	(u) Tillee years bac	(6) 10	ui yeais	Dack
1a h		itributions		0		0		- 0				
b		investment earnings, gains,			Ì							
С		losses										
d		nts or scholarships		*								
e		er expenditures for facilities										
E		programs										
f		ninistrative expenses		4								
g		of year balance		0		0		0		0		0
2		vide the estimated percentage of the	e curn		halance (dumn (a)) hel			<u> </u>		
a		ard designated or quasi-endowment		one your ond	%	iiio ig, oo	namm (a)) mor	u uo.				
b		manent endowment		%								
C			%	ÆEE								
	The	percentages on lines 2a, 2b, and 2	c sho	uld equal 100)%.							
3a		there endowment funds not in the		•		on that are	held and adr	minister	ed for the			
		anization by:			Ü						Yes	No
	(i)	Unrelated organizations								3a(i)		
	(ii)									3a(ii)		_
b		es" on line 3a(ii), are the related org	ganiza	ations listed a	s require	d on Sche	dule R?			3b		
4	Des	cribe in Part XIII the intended uses	of the	organization	's endow	ment funds	S.					
Part		Land, Buildings, and Equipn										
		Complete if the organization as			n Form	990, Part	IV, line 11a	a. See	Form 990, Par	t X, line	10.	
		Description of property		(a) Cost or otl			or other basis		Accumulated		ook value)
				(investm		` '	other)	٠,	epreciation			
1a	Lan	d			0		0					0
b	Buil	dings		·	0		0		0			0
С	Lea	sehold improvements			0		0		0			0
d	Equ	ipment]		0		8,979		2,307			6,672
е	Oth	er			0		0		0			0
Total	. Add	l lines 1a through 1e. (Column (d) m	nust e	qual Form 99	0, Part X	, column (E	B), line 10c.)	<u>.</u>	<u></u> T		· <u> </u>	6,672

	res on ronn aao,	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives	0	
2) Closely held equity interests	0	
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H) otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0	
Part VIII Investments—Program Related.	0	
	'Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	•	
(5)		
(6)	•	
(7)		
(8)		
(9)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets.	'Voc" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri		(b) Book value
* * -		
(1)		(b) Dook value
		(b) book value
(2)		(b) Book value
(2)		(b) Book value
(2)		(U) Dook value
(2) (3) (4) (5)		(b) Book value
(2) (3) (4) (5) (6)		(b) Book value
(2) (3) (4) (5) (6) (7)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered '	ine 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered ' line 25.	ine 15.)	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered ' line 25. (a) Descript	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered ' line 25. (a) Descript	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. (a) Descript (1) Federal income taxes (2) Accrued Vacation	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 60,79
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. (a) Descript (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 60,79
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. (a) Descript (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities (4)	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 60,79
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered ' line 25. (a) Descript (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities (4) (5)	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 60,79
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities (4) (5) (6) (7)	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 60,79
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. I. (a) Descript (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities (4) (5) (6) (7) (8)	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value (60,79)
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lift Part X Other Liabilities. Complete if the organization answered 'line 25. I. (a) Descript (1) Federal income taxes (2) Accrued Vacation (3) Payroll Liabilities (4) (5) (6) (7)	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4 474 440
1	Total revenue, gains, and other support per audited financial statements	1 1,171,442
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 26,134
3	Subtract line 2e from line 1	3 1,145,308
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.)	
С	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,145,308
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 1,515,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,,
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 23 through 2d	2e 0
3	Add lines 2a through 2d	3 1,515,803
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1,313,003
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	A 118	4c 0
5	Add lines 4a and 4b	
_		5 1,515,803
	Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	lion.
	(7)	
	······································	
_ 		

Schedule D (Fo		Climate Action Campaign	47-2398562	Page 5
Part XIII	Supplem	ental Information (continued)		
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		V		
		····		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 47-2398562 Climate Action Campaign Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations **e** X Solicitation of non-government grants а Χ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С Χ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 n 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		more than \$15,000 of to	undraising event contri	_	me on Form 990-EZ,	lines 1 and 6b. List
•		evente war greek recor	(a) Event #1 Gather Event (event type)	(b) Event #2 CCE Conference (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	61,139	40,338	0	101,477
<u>د</u>	3	-	270		0	270
		line 2)	60,869	40,338	0	101,207
	4	1 Cash prizes			0	0
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
EXP	7	7 Food and beverages			0	0
Direc	8	B Entertainment			0	0
	9	Other direct expenses	8,156	7,182	0	15,338
	10 11	' '	I lines 4 through 9 in colur ct line 10 from line 3, colu	mn (d)		(15,338) 85,869
Pa	rt I	II Gaming. Complete if the	e organization answer	ed "Yes" on Form 990		
ø		\$15,000 on Form 990-E	·	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue	• ()		0
sesu	2	Cash prizes				0
Expe	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
	5	Other direct expenses	0/			0
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add	lines 2 through 5 in colur	mn (d)		(0)
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0
	a I	Enter the state(s) in which the organization licensed to co If "No," explain:	nduct gaming activities in	each of these states?		Yes No
			aming licenses revoked, s	uspended, or terminated o	during the tax year?	. Yes No

Sched	ule G (Form 990) 2022 Climate Action Campaign	47-23	398562	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:	•		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	a		
	Name			
	Address	3		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes -	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	· · <u>L</u>		
	amount of gaming revenue retained by the third party \$0			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	1
	retain the state gaming license?	· · L	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns			0
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.	Intorma	ation.	

SCHEDULE I (Form 990)

Department of the Treasury

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

2022
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Climate Action Campaign 47-2398562 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government cash assistance noncash assistance or assistance (if applicable) grant other) Community assistance (1) City Heights CDC 4001 El Cajon Blvd San Diego, CA 921 95-3661177 12.500 (2) Mid-City CAN Community assistance 305 University Ave 550 San Diego. CA 83-3305285 12.500 (11)

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

Enter total number of other organizations listed in the line 1 table

Page 2

Climate Action Campaign

Schedule I (Form 990) 2022

Part III	Grants and Other Assistance to Depart III can be duplicated if additional			e organization answ	ered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1			<u> </u>		, , , , ,	1
2						
3						
l						
5				ć		
5						
,						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	tional information.
			10			
		(0)				
	······					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Climate Action Campaign	47-2398562
Form 990, Part III, Line 4a: San Diego Community Power and the Clean Energy Alliance expanded	
their reach to 13 cities and the unincorporated county. They will bring cost-competitive and	
cleaner electricity to 1.23 million people in our region in 2023. Padres (Petco Park) and	
Sharp HealthCare committed to 100% clean energy through San Diego Community Power. The S	an
Diego City City Council adopted an updated zero carbon Climate Action Plan which sets	
ambitious goals for clean energy, transportation, land use, equity, and more. It includes a)
bold commitment to electrify our appliances and phase dangerous methane gas out from nearly	
all homes and businesses by 2035. We co-signed and campaigned for two successful City of San	
Diego ballot measures: Measures B and C, and supported Measure D, which passed: Measure B	will
pave the way for more equitable and sustainable trash services in San Diego, Measure C	
repealed the 30-foot height ban in the Midway District so that we can build more homes near	
existing jobs, transit, and schools. Measure D repeals San Diego ban on Project Labor	
Agreements. PLAs ensure that large infrastructure projects can be completed on time, on	
budget, and with training opportunities and other worker benefits that strengthen our	
communities. Helped pass the County of San Diego first-in-the-nation Regional Decarbonization	
Framework (RDF) and Just Transition Plan, which maps regional opportunities for collaboration	
on transportation, energy, electrification, and housing. Engaged over 1200+ community members	
through our educational presentations, events, and programming. The Orange County Climate	
Coalition galvanized activists and organizations around campaigns for electrification, equity,	
and climate action.	
Form 990, Part VI, Line 8b: DOES NOT APPLY AS NO SUCH COMMITTEES EXIST	
Form 990, Part VI, Line 11b: FILING COPY IS REVIEWED AND APRROVED OFFICERS AND DI	RECTORS
BEFORE BEING FILED	
Form 990, Part VI, Line 12c: REVIEWS OF FINANCIALS TRANSACTIONS AND DISCUSSIONS	WITH KEY
INDIVIDUAL S	

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Climate Action Campaign	47-2398562
compensation, approves the annual budget, and oversees the Executive Director. The Executive	
Director sets staff salaries, in consultation as needed with the Board, based on market rates	
for comparable job descriptions and staff experience levels at comparable organizations.	
Form 990, Part VI, Line 15b: Per CACs By Laws, the Board of Directors serves without	······
compensation, approves the annual budget, and oversees the Executive Director. The Executive	
Director sets staff salaries, in consultation as needed with the Board, based on market rates	
for comparable job descriptions and staff experience levels at comparable organizations.	
Form 990, Part I, Line 19: DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS THAT AR	E SUBJECT TO
PUBLIC DISCLOSURE ARE AVAILABLE UPON WRITTEN REQUEST.	
Form 990, Part IX, Line 11g: Search firm & Consilio Consulting is the balance in this account.	
. C1	