Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 26-3106566 ACTION FOR THE CLIMATE EMERGENCY File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 529 MAIN STREET, SUITE 200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 02129 CHARLESTOWN, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 529 MAIN STREET, SUITE 200 - CHARLESTOWN, MA 02129 Telephone No. ► 7203837129 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 ► X tax year beginning JUL 1, 2021 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning JUL 1,	2021 and end	ding Ji	UN 30, 20	22	
B C	heck if	C Name of organization			D Employer ide	entification number	
	Address		CENCY				
	Name		<u> </u>		26-310	16566	
	_change ☐Initial	Doing business as Number and street (or P.0. box if mail is not delivered to si	troot address) Boo	om/suite	E Telephone nu		
	_return _Final _return/	529 MAIN STREET, SUITE 200	ireer address)	JIII/Suite	720383		
	termin- ated	City or town, state or province, country, and ZIP or fore	eign postal code		G Gross receipts \$	8,051,2	77.
	Amende return	CHARLESTOWN, MA 02129			H(a) Is this a gro		
	Applica tion pending	F Name and address of principal officer: LEAR QUS	BA			nates? Yes 🔀	No
		SAME AS C ABOVE		\dashv		nates included? Yes	No
		mpt status: X 501(c)(3) 501(c) () ◀ (insert	t no.) 4947(a)(1) or _	527		ach a list. See instruction	S
		e: ► WWW.ACESPACE.ORG organization: X Corporation Trust Association	Other 			nption number	
		organization: X Corporation Trust Association Summary	Other -	L Year o	f formation: 200	8 M State of legal domici	ile: CA
		Briefly describe the organization's mission or most significan	t activities: ACE ED	IICATI	SS TNSPT	RES AND	
8		SUPPORTS YOUNG PEOPLE TO LEAD !					
lan	_	Check this box if the organization discontinued its					
Governance		Number of voting members of the governing body (Part VI, li	· ·			3	12
ၓ		Number of independent voting members of the governing bo				4	11
တ္တ		Total number of individuals employed in calendar year 2021				5	0
\ite	6 7	otal number of volunteers (estimate if necessary)				6	43
Activities &		otal unrelated business revenue from Part VIII, column (C),				7a	0.
	۱d	Net unrelated business taxable income from Form 990-T, Par	rt I, line 11	<u></u>		7b	0.
					Prior Year	Current Year	
ě		Contributions and grants (Part VIII, line 1h)			6,978,64		
en					3,39		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			-7,57	$\begin{array}{c cccc} 16 & -1 & 3 \\ \hline 2 & 23 & 1 \end{array}$	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			6,974,50		
\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, of Property and similar amounts paid (Part IV, column (A), lines 1				0. 265,5	
		Grants and similar amounts paid (Part IX, column (A), lines 1- Benefits paid to or for members (Part IX, column (A), line 4)				0. 203,3	0.
	45 0	Salaries, other compensation, employee benefits (Part IX, co	lumn (A) lines 5-10)		2,814,93		
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
Expenses	b 7	Total fundraising expenses (Part IX, column (D), line 25)	▶ 899,142				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,358,21	.8. 3,322,4	67.
		otal expenses. Add lines 13-17 (must equal Part IX, column			6,173,14		17.
	19 F	Revenue less expenses. Subtract line 18 from line 12			801,35	55. 893,3	84.
Net Assets or Fund Balances				Beg	inning of Current Y		
sets	20 7	otal assets (Part X, line 16)			2,788,12		
grand State of the	21 7	Total liabilities (Part X, line 26)			519,05		
Ž::	22 N	Net assets or fund balances. Subtract line 21 from line 20			2,269,06	6. 3,162,4	50.
		Signature Block ties of perjury, I declare that I have examined this return, including a	accompanying achadulas and	d atatamar	ata and to the heat	of my knowledge and balisf	it io
		, and complete. Declaration of preparer (other than officer) is based				of fify knowledge and belief	, 11 15
uu,	COLLECT	, and complete. Decidation of preparer (other than officer) is based	on an information of which	proparti	las arry knowledge.		
Sigr	,	Signature of officer			Date		
Here		LEAH QUSBA, EXECUTIVE DIRECT	TOR				
		Type or print name and title					
		Print/Type preparer's name Preparer's	s signature	D	ate Che	ck PTIN	
Paid	E	KELSIE BOYLE, CPA				-employed P0183305	
Prep		Firm's name BROCK AND COMPANY, CP.			Firm's EIN	N► 84-0930288	
Use	Only	Firm's address > 3711 JFK PARKWAY, SUI				000 000 000	
		FORT COLLINS, CO 8052			Phone no	<u>.970-223-7855</u>	
May	the IR	S discuss this return with the preparer shown above? See in	netructions			X Yes	No

- 41	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	ACE EDUCATES, INSPIRES AND SUPPORTS YOUNG PEOPLE TO LEAD THE FIGHT FOR THEIR FUTURE. WE ENSURE THEY HAVE EVERYTHING THEY NEED TO UNDERSTAND	<u> </u>
	THE SCIENCE AND ADVOCATE FOR SOLUTIONS TO THE CLIMATE EMERGENCY.	
	THE BOTHNOOF THE TOWN BOHOTTOND TO THE CHILITE ENERGENOUS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	∑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
4b	(Code:) (Expenses \$1, 483, 587. including grants of \$) (Revenue \$) CAMPAIGNS AND CLIMATE ADVOCACY: ACE EDUCATES AND EMPOWERS TEENS AND YOUNG ADULTS ON HOW TO MAKE THEIR VOICES HEARD FOR EQUITABLE AND MEANINGFUL CLIMATE SOLUTIONS THAT MEET THE SCALE OF THE PROBLEM.)
4c	(Code:)(Expenses \$1,026,339including grants of \$) (Revenue \$) EDUCATION & STORYTELLING: ACE DELIVERS IN-SCHOOL AND ONLINE CLIMATE EDUCATION AND STORYTELLING PROGRAMS TO TEENS, YOUNG ADULTS AND THE BROADER PUBLIC. SINCE 2008, THE ORGANIZATION HAS REACHED TENS OF MILLIONS OF PEOPLE THROUGH THIS PROGRAM IN SCHOOLS AND ONLINE.)
	MILLIONS OF PEOPLE TRROUGH THIS PROGRAM IN SCHOOLS AND UNLINE.	
	Other program services (Describe on Schedule O.) (Expenses \$ 1,698,853. including grants of \$ 265,500.) (Revenue \$ 809,813.) Total program service expenses \$ 5,709,466.	
46	Total program service expenses ► 5,709,466.	

Form 990 (2021) ACTION FOR THE CLIMATE EMERGENCY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			۱
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			۱
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2021) ACTION FOR THE CLIMATE EMERGENCY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	l
. ai	Chack if School up O contains a response or note to any line in this Bort V			X
	Check if Schedule O contains a response or note to any line in this Part v		V	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b				
C	Elici di chambel chi oma viza modaca chi mo ta. Enter ci mot approable			
C	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) ACTION FOR THE CLIMATE EMERGENCY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
)								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	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			X						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_						
D	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).									
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b		5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00								
-	any contributions that were not tax deductible as charitable contributions?	6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		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		X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g										
h	3									
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?									
9										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b	\dashv								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨								
''	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1								
-	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	4								
С	Enter the amount of reserves on hand			X						
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?									
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
. -	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line ed, es, or res seren, december the cheatment here, proceeded, or changes on constant of the			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		1.,	Τ
		2	Yes	No
та	, , , , , , , , , , , , , , , , , , , ,	.2		
	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.	.1		
b	, , , ,	:∸		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			₩.
•	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			₩
	of officers, directors, trustees, or key employees to a management company or other person?			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?			X
6	Did the organization have members or stockholders?	. 6		┼≏
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?	. <u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			₩
•	persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
a	The governing body?	۱ ــ		1
b	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>	_ ^	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		ΙΛ.
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	T Na
100	Did the organization have local chapters, branches, or affiliates?	10a		No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. 102	1	+
b		10k		
115	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	112		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116		
12a		128	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	121	, <u></u>	1
·	,	120	x s	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	10		1
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			1
15	Did the process for determining compensation of the following persons include a review and approval by independent	.		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	158	X	
	Other officers or key employees of the organization			х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	•	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16k	,	
Sec	tion C. Disclosure	1.02	· !	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	3)s onl) availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply.	, - 5y	,	=
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 7203837129			
	529 MAIN STREET, SUITE 200, CHARLESTOWN, MA 02129			

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, 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.

Name and title	Check this box if neither the organize	ation nor any related	r any related organization compens					nsated any current officer, director, or trustee.					
Connect beach were than one bounds Compensation Compensation	• •				((C)				` '	(F)		
Week (list any hours for related organizations below line) From related organizations (W-2/1099-MISC) From related organizati	Name and title		(do	not check more than one				one	I				
Week		<u> </u>	box, unless		less person is both an			n an tee)		·	1		
Second Column			-	T an		1 0010	17.11.43	loo,					
Second Column		1 '	irecto										
Second Column		I	e or d	tee			sated		_				
Second Column		l	ruste	l trus		99/	n ben		1	1099-1120)			
Second Column		"	dual t	rtiona	_	l old n	st col	-	10001120)				
A			Indivi	Institu	Office	Key e	Highe	Forme					
C2	(1) LEAH QUSBA												
X	EXECUTIVE DIRECTOR				Х				167,942.	0.	0.		
Column	(2) MICHAEL HAAS	2.00											
TREASURER	PRESEIDENT		Х		Х				0.	0.	0.		
(4) MICHAEL WALKER 2.00 X X X 0.	(3) KALEO YAMABAYASHI	2.00	1										
X X X X X X X X X X	TREASURER		Х		Х				0.	0.	0.		
Solution	(4) MICHAEL WALKER	2.00	1						_	_	_		
X 0 0 0 0 0 0 0 0 0	SECRETARY		Х		X				0.	0.	0.		
Column		2.00	J										
DIRECTOR			X						0.	0.	0.		
Column			l										
X 0. 0. 0.			X						0.	0.	0.		
(8) JIM EISEN		2.00								_			
X 0. 0. 0.		2 00	X						0.	0.	0.		
(9) MISSY OWENS		2.00	٠,,							_			
X		2 00	X						0.	0.	0.		
(10) LISA HOYOS		2.00	₩.						_	_	_		
X 0. 0. 0. 0. 0. 0. 0. 0.		2 00	Α						0.	0.	U •		
(11) TIFFANI BROWN 2.00 DIRECTOR X (12) VALERIE ALEXANDER 2.00		2.00	v						_	n	_		
DIRECTOR X 0. 0. 0. (12) VALERIE ALEXANDER 2.00		2 00	^							<u></u>	0.		
(12) VALERIE ALEXANDER 2.00		2.00	x						0.	0.	0.		
	(12) VALERIE ALEXANDER	2.00							•	•			
			x						0.	0.	0.		
			† 							0.1			
			1										
			1										
			L	L			L	L					
				L									

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ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> Ploy</u>	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) (C) Average Position (do not check more the						one	(D) Reportable	(E) Reportable	,	Es	(F) timate	ed
		hours per week	box	, unle	ss per	rson i	is both	h an	compensation	compensatio	- 1		ount (of
		(list any	tor					Ĺ	from the	from related organization			other pensa	tion
		hours for	Individual trustee or director				peq		organization	(W-2/1099-MIS			om the	
		related	stee o	trustee			pensat		(W-2/1099-MISC/	1099-NEC)	,	_	anizati	
		organizations below	lual tru	tional		ploye	st com	_	1099-NEC)				d relate Inizatio	
		line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızatı	JI 13
			<u> </u>											
			<u> </u>				_							
	Subtatal		<u> </u>						167,942.		0.			0.
	Subtotal Total from continuation sheets to Part VI	I. Section A							0.		0.			0.
	Total (add lines 1b and 1c)								167,942.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer	•		•		•		_	•	•				
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•						•		4	х	
5	Did any person listed on line 1a receive or a	•		,								_		
	rendered to the organization? If "Yes." con											5		Х
	tion B. Independent Contractors Complete this table for your five highest co	mnonootod ind	<u></u>	ndo	nt 0.0		ooto.	بم +b	not received more than \$	1100 000 of com		ion fro	<u></u>	
1	the organization. Report compensation for											.1011 110	1111	
	(A) Name and business	address	NT/	ONE	7				(B) Description of s	ervices	C	(C omper		1
	Name and business	addicss	11/	JIVI	<u> </u>				Description of s	ici vices		Omper	1341101	
											<u> </u>			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	4 100,000 of compensation nom the organi	Zation										_	200 .	

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		Check if Schedule O con	tains a response c	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
ņς	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
2 5		Fundraising events						
Æ,		Related organizations						
ij gi								
ns, Sim		Government grants (contribut			-			
a tio	Ť	All other contributions, gifts, gran		240 000				
듗됨		similar amounts not included abo		240,088.				
d d	g				7 040 000			
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f			7,240,088.			
				Business Code				
e	2 a	MANAGEMENT FEES	3	541610	788,049.	788,049.		
Program Service Revenue	b							
Se	С							
am	d							
Pg	е							
Ŗ.	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f	_		788,049.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta						_
	5	Royalties		occcus				
	3	rioyaities	(i) Real	(ii) Personal				
	•	0	``	(ii) i cisoriai				
	ь a	Gross rents 6a			-			
	b	Less: rental expenses 6k						
	С	Rental income or (loss) 6	<u> </u>					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	a					
	b	Less: cost or other basis						
ne		and sales expenses7k	o l	1,376.				
en	С	Gain or (loss) 70	c	1,376. -1,376.				
Revenue		Net gain or (loss)			-1,376.	-1,376.		
ther		Gross income from fundraising e		•				
₽		including \$	`					
		contributions reported on line						
		Part IV, line 18	,					
	h	Less: direct expenses						
		Net income or (loss) from fund		<u> </u>				
		Gross income from gaming a		·····				
	Jd							
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	10b					
\rightarrow	С	Net income or (loss) from sale	es of inventory)				
S				Business Code				
o o	11 a	MISCELLANEOUS I	LNCOME	611710	23,140.	23,140.		
Miscellaneous Revenue	b							
eve	С							
Aisc	d	All other revenue						
	е	Total. Add lines 11a-11d	<u></u>		23,140.			
	12	Total revenue. See instructions			8,049,901.	809,813.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 252,500. 252,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 13,000. 13,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 167,942. 122,816. 12,545. 32,581. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 208,951. Other salaries and wages 2,797,053. 2,045,428. 542,674. 7 Pension plan accruals and contributions (include 41,104. 30,059. 3,071. 7,974. section 401(k) and 403(b) employer contributions) 318,541. 232,944. 23,796. 61,801. Other employee benefits 9 243,910. 178,367. 18,221. 47,322. Payroll taxes 10 Fees for services (nonemployees): 11 Management 42,302. 42,302. Legal 44,696. 17,623. 6,364. 20,709. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 207,707. 304,408. 29,540. 67,161. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 2,078. 11,705. 26,651. 12,868. Occupancy 16 61,120. 42,618. 7,862. 10,640. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 23,236. 23,236. Depreciation, depletion, and amortization 22 13,707. 4,170. 8,703. 834. 23 Other expenses. Itemize expenses not covered 24 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 0.) 1,673,343. 1,594,295. 68,329. 10,719. CLIMATE ADVOCACY AND CI DIGITIAL INFRASTRUCTURE 710,598. 536,388. 84,546. 89,664. <u>1,366.</u> 158,351. 74,780. 155,320. 1,665. PROGRAM IMPLEMENTATION 4,064. d PROFESSIONAL AND ORGANI 65,647. 5,069. 189,275.12,596. 152,328. 24,351. e All other expenses 7,156,517. 5,709,466. 547,909. 899,142. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

rai	τX	Balance Sneet					
		Check if Schedule O contains a response or r	note to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,595,397.	1	1,943,932.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,103,646.	3	1,556,100.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ă	9	Prepaid expenses and deferred charges			14,858.	9	74,906.
	10a	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	10a	7,296.			
	b	Less: accumulated depreciation	8,149.	10c	4,341.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir	60 450	13	44 660		
	14	Intangible assets		62,473.	14	41,669.	
	15	Other assets. See Part IV, line 11	3,600.	15	3,600.		
	16	Total assets. Add lines 1 through 15 (must e			2,788,123.	16	3,624,548.
	17	Accounts payable and accrued expenses			519,057.	17	428,867.
	18	Grants payable		18	22 221		
	19	Deferred revenue				19	33,231.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
jjit		trustee, key employee, creator or founder, sui				00	
Liabilities	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrulation unrulation unrelative to unrelative to unrelative to unrelative to unrelative to unrulative to unrelative				24	
	2 4 25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	163 17-24	Complete Fart X		25	
	26	Total liabilities. Add lines 17 through 25			519,057.	26	462,098.
	20	Organizations that follow FASB ASC 958, or	heck her	► X	32370371	20	102,0300
Se		and complete lines 27, 28, 32, and 33.	neok nei				
ů	27				1,253,483.	27	2,032,625.
3ala	28	Net assets with donor restrictions	1,015,583.	28	1,129,825.		
ρl		Organizations that do not follow FASB ASC			, ,		, ,
Fu		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,269,066.	32	3,162,450.
~	33	Total liabilities and net assets/fund balances			2,788,123.	33	3,624,548.

Form **990** (2021)

Form **990** (2021)

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,049	9,9	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,15	5,5	17.
3	Revenue less expenses. Subtract line 2 from line 1	3		893	3,3	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	, 26	9,0	66.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	,16	2,4	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	—			
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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audite explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

Name	of t	the organization						Employe	r identification number			
				CLIMATE EME				2	6-3106566			
Par	t I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructior	ıs.				
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1 [A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3 [A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).					
4 [A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describ	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).					
7	X	An organization that norma	ılly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in			
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	ınction with a	land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or			
_		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	iip fees, an	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) from	m busine	sses acqui	red by the org	ganization a	after June 30, 1975.			
_		See section 509(a)(2). (Co	mplete Part III.)									
11	닠	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	•	•	•			-				
		more publicly supported or	-						Check the box on			
	_	lines 12a through 12d that	* *			-		-				
а				· ·	•	_						
		the supported organization			majority o	of the direc	tors or truste	es of the sı	upporting			
		organization. You must o	-									
b			•				_	•	-			
		control or management o			ame perso	ns that co	ntrol or mana	ge the sup _l	ported			
		organization(s). You mus	-									
С			= ::					lly integrate	ed with,			
		its supported organization		•								
d			=					-	* *			
		that is not functionally int	-		•		-	an attenti	veness			
		requirement (see instruct						U T III				
е		Check this box if the orga					Type I, Type	II, Type III				
	Г	functionally integrated, or				ation.						
		er the number of supported on wide the following information	•	d ergonization(s)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10	Yes	ing document?	support (see in	nstructions)	support (see instructions)			
				above (see instructions))	1.00							
									1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	71	<u> </u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and			• •				
	membership fees received. (Do not							
	include any "unusual grants.")	2051225.	2354124.	4006221.	6978647.	7240088.	22630305.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	0051005	0054404	4006001	6050645	704000	0060000	
	Total. Add lines 1 through 3	2051225.	2354124.	4006221.	6978647.	7240088.	22630305.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						7746202	
_	column (f)						7746382. 14883923.	
	Public support. Subtract line 5 from line 4.						<u>µ4003923.</u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	2051225.	2354124.	4006221.	6978647.	7240088.	22630305.	
	Gross income from interest,				00/002/0	,		
Ū	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	937.					937.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			2,735.	43.		2,778.	
11	Total support. Add lines 7 through 10						22634020.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	828,638.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
_	organization, check this box and stop						>	
	ction C. Computation of Publi						65 86	
14	Public support percentage for 2021 (li		•	***		14	65.76 %	
15						15	62.45 %	
16a	33 1/3% support test - 2021. If the c							
	stop here. The organization qualifies							
r	33 1/3% support test - 2020. If the c							
17-	and stop here. The organization qual 10% -facts-and-circumstances test							
1/6		ŭ					•	
	and if the organization meets the facts meets the facts-and-circumstances te		•	-		· ·	▶ □	
ŀ	10% -facts-and-circumstances test	-	-		-			
	more, and if the organization meets the	ū				•	10/0 01	
	· · · · · · · · · · · · · · · · ·				-			
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	e					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit t	:0					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar	nd					
3 received from disqualified perso	ns					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)					
Section B. Total Support			T	T		
Calendar year (or fiscal year beginning in)		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975	***					
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included on line 10b.	SS					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gair or loss from the sale of capital	'					
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12	•				10.44 ()(0)	
14 First 5 years. If the Form 990 is fo	-			-		
check this box and stop here Section C. Computation of Pu	iblic Support Per					P
15 Public support percentage for 202			poluma (fl)		15	0/
16 Public support percentage for 202					16	<u>%</u> %
Section D. Computation of Inv					10	70
17 Investment income percentage for			ne 13 column (f)		17	%
18 Investment income percentage for					18	<u>%</u>
19a 33 1/3% support tests - 2021. If						
more than 33 1/3%, check this bo						
b 33 1/3% support tests - 2020. If						
line 18 is not more than 33 1/3%,	•			•	•	
20 Private foundation. If the organiz						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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		
	За		
	3b		
	- OD		
	3с		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	- 1		
	9с		
	10a		
	10h		
la	10b	2001	2021

	dule A (Form 990) 2021 ACTION FOR THE CLIMATE EMERGENCY 26-31	10656	6 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			Γ
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			l
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		1	Γ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have 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	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
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 (see in	nstruction		Γ
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 of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2021 ACTION FOR THE CLIMATE			26-3106566 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		·	in Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income	complet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

		<u>E CLIMATE EMERO</u>		2	6-3106566 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		FOR THE CLIMATE			26-3106566
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaigns.	ures ign activities		>	\$
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made? b If "Yes," describe in Part IV.				tes No
		janization is exempt und	ler section 501(c).	except section 501(c)(3).
1 2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	d by the filing organization for se ization's funds contributed to o	ection 527 exempt funct ther organizations for se	ion activities	\$
3	Total exempt function expenditures		,		•
1	line 17b Did the filing organization file Form				
5		nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 polid from the filing organiz a separate political orga	litical organizations to whic cation's funds. Also enter th anization, such as a separa	h the filing organization ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount			399,900.	435,473.	835,373.				
b Lobbying ceiling amount (150% of line 2a, column(e))					1,253,060.				
c Total lobbying expenditures			88,072.	7,468.	95,540.				
d Grassroots nontaxable amount			99,975.	108,868.	208,843.				
e Grassroots ceiling amount (150% of line 2d, column (e))					313,265.				
f Grassroots lobbying expenditures			78,033.	2,774.	80,807.				

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 ACTION FOR THE CLIMATE EMERGENCY 26-31065 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h ;	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
'	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)), or sec	tion	
	501(c)(6).		,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "lanswered "Yes."	No" OR (I	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).	41			
a			2a		
	Current year Carryover from last year				
C	Total		l l		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. —		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol				
	expenditure next year?	itioai	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		•		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li	ct\: Dart II A	linos 1 a	nd 2 (Soo	
	active descriptions required for art PA, line 1, Fart PB, line 4, Fart PB, line 3, Fart PA (artifacted group in	3t), i ait ii-7	i, iii les i ai	IU 2 (066	
1113111	ibilions), and rait ind, line 1. Also, complete this part for any additional information.				

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

Inspection

Name of the organization

ACTION FOR THE CLIMATE EMERGENCY

Employer identification number 26-3106566

		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		in donor advised fur	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) 🔲 F	Preservation of a his	torically important land area
	Protection of natural habitat	F	Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution	on in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a h	nistoric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terr	ninated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspectior	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfor	cing conservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fir	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or	research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descri	bes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue st	tatement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			• \$

	dule D (Form 990) 2021 ACTION C	FOR THE CLI				ther S			Page 2
3	Using the organization's acquisition, accession								<u> </u>
	collection items (check all that apply):				· ·				
а	Public exhibition	d	I Loa	n or exc	change program				
b	Scholarly research	е	Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	ne organization's	exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, histor	cal treas	sures, or other si	milar ass	sets		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organizat	ion's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran							, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for cont	ribution	s or other assets	not incl	uded		
	on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						[Yes	No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	s" on Fo	orm 990, Part IV,				
		(a) Current year	(b) Prior	year	(c) Two years ba	ack (d)	Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	lumn (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are	e held ar	nd administered f	for the o	rganization	_	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fund	s.					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, lin	e 11a. S	See Form 990, Pa	ırt X, line	10.		
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accu	mulated	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				7,296.		2,955.	4	1,341.
е	Other								
Total	Add lines 1a through 1e (Column (d) must o	aual Form 000 Dart	V solumn (l	2) line 1	00)				1.341.

Schedule D (Form 990) 2021

	HE CLIMATE EM	MERGENCY 26	-3106566 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	on Form 990. Part IV. line 1	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes" o			
(a) Description of liability		1.10 3. 111. 000 1 01111 000, 1 dit A, iiile 20.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(0)			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

. u	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,051,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	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	0.
3	Subtract line 2e from line 1	3	8,051,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b -1,376.		
С	Add lines 4a and 4b	4c	-1,376.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,049,901.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	5 Return	8,049,901. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	5 Returr	1.
<u>5</u> Pa 1		5 Return	8,049,901. n. 7,157,893.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	1.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	Return	1.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	Return	1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b Other losses	Return	1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2a 2b	Return	7,157,893.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2a 2b Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	1,376.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Return	7,157,893.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 2a 2b 2c 2c 2d 1,376.	1 1 2e	1,376.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 2e	1,376.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 2e	1,376.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1 2e	1,376.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION UTILIZES THE PROVISIONS OF ASC 740, PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.

Part XIII Supplemental Information (continued)
BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY
CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE
WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS.
MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT
MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE
ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX
LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE
ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL OF ASSETS
PART XII, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL OF ASSETS

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Employer identification number Name of the organization 26-3106566 ACTION FOR THE CLIMATE EMERGENCY Part I **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 the selection criteria used to award the grants or assistance? 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 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (h) Purpose of grant (g) Description of valuation (book, or aovernment (if applicable) cash grant noncash noncash assistance or assistance

		(J 9	assistance	FMV, appraisal, other)	
CLIMATE EMERGENCY ADVOCATES 529 MAIN STREET, SUITE 200 CHARLESTOWN, MA 02129	87-2122911	501(C)4	250,000.	0.		CLIMATE ADVOCACY
2 Enter total number of section 501(c)(3)	and government org	ganizations listed in the	e line 1 table			>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RD	27	13,000.	0.		AWARD, DISTRIBUTED ORGANIZING
Supplemental Information. Provide the information	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	lditional information.	I

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

ACTION FOR THE CLIMATE EMERGENCY

Employer identification number 26-3106566

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which if any of the following the organization used to establish the compensation of the organization's			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	_5a		X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEAH QUSBA	(i)	167,942.	0.	0.	0.	0.	167,942.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	$\overline{}$							
	(i) (ii)							
	(II)	L						

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACTION FOR THE CLIMATE EMERGENCY

Employer identification number 26-3106566

Schedule O (Form 990) 2021

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEY HAVE EVERYTHING THEY NEED TO UNDERSTAND THE SCIENCE AND ADVOCATE
FOR SOLUTIONS TO THE CLIMATE EMERGENCY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE ENVISION A WORLD IN WHICH A GLOBAL MOVEMENT, RICH IN YOUTH
LEADERSHIP, HAS TURNED THE TIDE ON CLIMATE CHANGE. WE BELIEVE AN
EQUITABLE, BIODIVERSE, CARBON NEUTRAL FUTURE IS STILL WITHIN REACH IF
WE, THE PEOPLE, COMPEL OUR LEADERS TO ACT.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR COMMENT
BEFORE THE FORM IS FINALIZED.
LINE 2A, PART VII, SECTION B, LINE 1
THE ORGANIZATION'S STAFF IS CONTRACTED WITH INSPERITY PEO SERVICES,
INC, WHICH IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) AND THEREFORE,
ALL W-2S ARE ISSUED BY INSPERITY PEO SERVICES, INC. THE ORGANIZATION
HAD CONTROL OVER THE SELECTION AND TERMINATION OF THE EMPLOYEES AND
UTILIZED THE SERVICES OF A TOTAL OF 34 INDIVIDUALS DURING THE 2020
CALENDAR YEAR.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL DIRECTORS
AND OFFICERS. EACH DIRECTOR AND OFFICER MUST SIGN A STATEMENT THAT AFFIRMS

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

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** ACTION FOR THE CLIMATE EMERGENCY 26-3106566 THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD THE POLICY AND AGREES TO COMPLY WITH THE POLICY. THE DIRECTORS AND OFFICERS ARE REQUIRED TO FILE ANNUALLY A STATEMENT WITH THE BOARD OF DIRECTORS WHICH DISCLOSES INTEREST WHICH COULD GIVE RISE TO CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15A: THE FOLLOWING PROCESSES WERE USED TO ESTABLISH COMPENSATION FOR THE POSITION OF EXECUTIVE DIRECTOR DURING THE CURRENT YEAR - THE BOARD OF DIRECTORS ANNUALLY SETS PERFORMANCE OBJECTIVES AS WELL AS REVIEWS THE PERFORMANCE OF THE PREVIOUS YEAR. THE BOARD THEN DETERMINES WHAT, IF ANY, SALARY ADJUSTMENTS SHOULD BE MADE BASED ON INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE. A COMPARABLE COMPENSATION SURVEY WAS PERFORMED PRIOR TO HIRE. ONCE A YEAR, THE BOARD REVIEWS COMPENSATION WTIHIN THE NON-PROFIT AND FOR-PROFIT SECTORS TO ENSURE THAT THE ACE POSITION IS WITHIN A REASONABLE RANGE OF REGIONAL NORMS. THE SALARY ADJUSTMENTS ARE DISCUSSED AND APPROVED THE APPROVALS ARE LISTED IN THE RESPECTIVE BOARD MINUTES. BY THE BOARD. ALL OTHER KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR USING MANY OF THE PROCEDURES OUTLINED ABOVE AND IS APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE BUDGET APPROVAL PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS OFFICES.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

ACTION FOR THE CLIMATE EMERGENCY

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-3106566

	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I			I .		
Identification of Related Tax-Exempt Organic	zations. Complete if the organization	answered "Yes" on Form 99	0 Part IV line 34 h	pecause it had one	or more	related tax-exer	mot	
organizations during the tax year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	Section 5 contr	olled
				501(c)(3))			Yes	No
CLIMATE EMERGENCY ADVOCATES, INC 87-2122911, 529 MAIN STREET, SUITE 200,					ACTION CLIMAT	FOR THE		
CHARLESTOWN, MA 02129	CLIMATE EMERGENCY ADVOCACY	DELAWARE	501(C)(4)		EMERGE	NCY, INC.	X	

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

organization trouted at a partition in partition and the state of the											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne Share of total Share of Diagrapationata Code		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership		
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
											ļ
							<u> </u>				
											1

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		foreign country)		or trust)		assets			No
									_
								-	

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		X
	Gift, grant, or capital contribution to related organization(s)					1b	Х	
С	Gift, grant, or capital contribution from related organization(s)					1c		X
	Loans or loan guarantees to or for related organization(s)					1d		X
е	Loans or loan guarantees by related organization(s)					1e		X
f	Dividends from related organization(s)					1f		X
	g Sale of assets to related organization(s)					1g		X
h	n Purchase of assets from related organization(s)					1h		X
i	Exchange of assets with related organization(s)					1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)					11	Х	
n	n Performance of services or membership or fundraising solicitations by related organization(s)					1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		X
	Sharing of paid employees with related organization(s)					10		X
р	Reimbursement paid to related organization(s) for expenses					1p		X
	Reimbursement paid by related organization(s) for expenses					1q		X
r	Other transfer of cash or property to related organization(s)					1r		X
	Other transfer of cash or property from related organization(s)					1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must con							
	(a) (b) Name of related organization Transac type (a	ction	(c) Amount involved		(d) Method of determining amount inv	olved		
1)	CLIMATE EMERGENCY ADVOCATES, INC. B		250,000.	CASH				
2)	CLIMATE EMERGENCY ADVOCATES, INC. L		788,049.	CASH				
3)								
4)								
5)								
6)								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?		General manage partne	(k) Al or Percentage ownership
				Tes No		163	NO	(**************************************	les	10
	-									
	-									<u> </u>
										<u> </u>
	-									000) 0004

132165 11-17-21 Schedule R (Form 990) 2021