

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2021

Open to Public Inspection

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Form 990EZ
Department of the Treasury
Internal Revenue Service

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
CLIMATE HAWKS VOTE CIVIC ACTION
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
3362 18TH ST NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20010

D Employer identification number
47-5661782
E Telephone number
(818) 518-3470
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: CLIMATEHAWKSVOTE.COM

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no. 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$130,317

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Columns include line number, description, sub-column (5a-5c, 6a-6c, 7a-7c), and amount. Total revenue is 130,317.

Table with 7 rows for Expenses. Columns include line number, description, and amount. Total expenses is 125,842.

Table with 3 rows for Net Assets. Columns include line number, description, and amount. Net assets at end of year is 9,082.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,406	22	5,924
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	13,043	24	14,560
25 Total assets	19,449	25	20,484
26 Total liabilities (describe in Schedule O).	14,842	26	11,402
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,607	27	9,082

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
ENVIRONMENTAL AND CIVIC RIGHTS ADVOCACY WITH REGARD TO PROTECTING THE CLIMATE.
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 WE MOBILIZED PEOPLE TO WRITE AND CALL THEIR CONGRESSIONAL REPRESENTATIVES IN SUPPORT OF/IN OPPOSITION TO VARIOUS BILLS INTRODUCED IN CONGRESS, INCLUDING BUILD BACK BETTER AND OTHER FEDERAL CLIMATE LEGISLATION.
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 0

29
 (Grants \$) If this amount includes foreign grants, check here

29a

30
 (Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JIGAR SHAH DIRECTOR	1.00	0	0	0
MARION EDEY DIRECTOR	1.00	0	0	0
BILL MCKIBBEN DIRECTOR	1.00	0	0	0
MUSTAFA SANTIAGO ALI DIRECTOR	1.00	0	0	0
PHIL RADFORD DIRECTOR	1.00	0	0	0
ANYA SCHOOLMAN DIRECTOR	1.00	0	0	0
RICHARD GRAVES PRESIDENT	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a	0
37b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		0
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed. ▶ DC		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶		
	(818) 518-3470		
	Located at ▶ 3362 18TH ST NW WASHINGTON, DC ZIP + 4 ▶ 20010		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2022-11-15
	RICHARD GRAVES PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name ROBERT N COHEN CPA	Preparer's signature	Date 2022-11-15	Check <input type="checkbox"/> if self-employed	PTIN P00071275
	Firm's name ▶ COHEN CPA STRATEGIES LLC			Firm's EIN ▶ 87-3657787	
	Firm's address ▶ 9710 TRAVILLE GATEWAY DRIVE SUITE 151 ROCKVILLE, MD 20850			Phone no. (240) 600-0410	

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
CLIMATE HAWKS VOTE CIVIC ACTION

Employer identification number

47-5661782

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: INSURANCE. AMOUNT: 8,546. DESCRIPTION: WEBSITE. AMOUNT: 1,122. DESCRIPTION: FEES FOR ONLINE FUNDRAISING. AMOUNT: 4,912. DESCRIPTION: PAYROLL FEES. AMOUNT: 774. DESCRIPTION: PAYROLL TAXES. AMOUNT: 7,597. DESCRIPTION: BANK FEES. AMOUNT: 78. DESCRIPTION: TAXES AND LICENSES. AMOUNT: 98. DESCRIPTION: TRAVEL. AMOUNT: 2,020. TOTAL TO FORM 990-EZ, LINE 16: 25,147.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 12,113. END OF YEAR AMOUNT: 14,560. DESCRIPTION: ACCOUNTING RETAINER. BEG. OF YEAR AMOUNT: 750. END OF YEAR AMOUNT: 0. DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 180. END OF YEAR AMOUNT: 0.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: DUE TO PAC. BEG. OF YEAR AMOUNT: 14,842. END OF YEAR AMOUNT: 10,446. DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 0. END OF YEAR AMOUNT: 956.

Additional Data

Return to Form

Software ID:

Software Version:

TY 2021 IRS 990 e-File Render

Name: CLIMATE HAWKS VOTE CIVIC ACTION

EIN: 47-5661782

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.