

Form **990EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2023

Open to  
Public  
Inspection

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

**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 . . . . . \$ **127,512**

## 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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	127,512
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	127,512	

Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	105,000
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	3,845
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	37,147
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	145,992	

Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-18,480
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	3,344
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	-15,136

**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
<b>22</b> Cash, savings, and investments . . . . .	2,524	320
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe in Schedule O) . . . . .	2,475	14,432
<b>25 Total assets</b> . . . . .	4,999	14,752
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	1,655	29,888
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	3,344	-15,136

**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.



Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	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** 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 . . . . .

47		
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b		
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**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.

<b>Sign Here</b>	Signature of officer	2024-11-14
	RICHARD GRAVES PRESIDENT Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROBERT N COHEN CPA	Preparer's signature	Date 2024-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00071275
	Firm's name <input type="checkbox"/> COHEN CPA STRATEGIES LLC			Firm's EIN <input type="checkbox"/> 87-3657787	
	Firm's address <input type="checkbox"/> 325 ELLINGTON BLVD GAITHERSBURG, MD 20878			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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****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: 11,235. DESCRIPTION: WEBSITE. AMOUNT: 1,008. DESCRIPTION: FEES FOR ONLINE FUNDRAISING. AMOUNT: 5,629. DESCRIPTION: PAYROLL FEES. AMOUNT: 817. DESCRIPTION: PAYROLL TAXES. AMOUNT: 8,271. DESCRIPTION: BANK FEES. AMOUNT: 135. DESCRIPTION: TRAVEL. AMOUNT: 740. DESCRIPTION: SOFTWARE. AMOUNT: 9,312. TOTAL TO FORM 990-EZ, LINE 16: 37,147.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 2,475. END OF YEAR AMOUNT: 14,432.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: DUE TO PAC. BEG. OF YEAR AMOUNT: 1,655. END OF YEAR AMOUNT: 26,057. DESCRIPTION: OTHER LIABILITIES. BEG. OF YEAR AMOUNT: 0. END OF YEAR AMOUNT: 3,831.

## **Additional Data**

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**Software Version:**

## TY 2023 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.