0070 TE		IRS e-file Signature	Authorization	ŀ	OMB No. 1545-0047
Form OO/ 9-IE					0000
	For calendar year 202			20 <b>4 5</b>	2022
Form       8879-TE       for a Tax Exempt Entity       202.2 or field yet regimes       2011					
	F YCHANGE			FIN or SSN	
	E ACIAIGE	EDUCATION AND REC	DEAICEII		
	rson subject to tax	OUTNTON ZONDERVAN	1	1 47 52	,,,,,,
Name and the of officer of pe			•		
Part I Type of	Return and Re				
Form 5330 filers may enter or <b>10a</b> below, and the amore whichever is applicable, bl	er dollars and cents ount on that line for	. For all other forms, enter whole do the return being filed with this form	ollars only. If you check the box on n was blank, then leave line <b>1b, 2b</b>	line 1a, 2a, , 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
		<b>b</b> Total revenue, if any (Form 9	90 Part VIII column (A) line 12)		1b 1.368.384.
		b Total revenue, if any (Form 9	$90, Fart Vin, column (A), interval \therefore$		2b
		<b>b</b> Total tax (Form 990-T. Part III	L line 4)		6b
		<b>b</b> Total tax (Form 4720, Part III.	, line 1)		7b
				line 22)	10b
Part II Declarat	tion and Signa				
Under penalties of perjury	, I declare that X	I am an officer of the above entity	or I am a person subject to t	ax with resp	pect to (name
of entity)		-	, (EIN) and	I that I have	examined a copy of the
of any refund. If applicable entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receive	e, I authorize the U ution account indic it the entry to this a s prior to the payme ve confidential info	S. Treasury and its designated Fina ated in the tax preparation softwar occount. To revoke a payment, I mu ent (settlement) date. I also authoriz mation necessary to answer inquire	ancial Agent to initiate an electroni e for payment of the federal taxes ist contact the U.S. Treasury Finar re the financial institutions involved ies and resolve issues related to th	c funds with owed on thi cial Agent a l in the proc e payment	ndrawal (direct debit) is return, and the at 1-888-353-4537 no essing of the electronic L have selected a
		ANY P.C.	+	ontor my P	
			to	enter my P	Enter five numbers, but
					do not enter all zeros
with a state age	ncy(ies) regulating	charities as part of the IRS Fed/Sta			-
return. If I have i	indicated within thi	s return that a copy of the return is	being filed with a state agency(ies		
	C(			Det	01/08/2024
		entication		Date	
•	-	-			
submitting this return in ac					
ERO's signature			Date		
		ERO Must Retain This For ubmit This Form to the IRS		So	
			•		

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

			EXTENDED TO MAY 15, 2024		
	Ω	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundatior	
Dene	uturant		Do not enter social security numbers on this form as it may	y be made public.	Open to Public
Interr	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
AF	or th	e 2022 calenc	ar year, or tax year beginning $ m JUL1$ , $2022$ and ending	JUN 30, 2023	
B	Check if		forganization	D Employer identific	ation number
	Addre		ATE XCHANGE EDUCATION AND RESEARCH		
	_chang				
	_chang	pe Doing b	usiness as	47-397613	
	_returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s BEACON ST 15TH FLOOR	uite E Telephone number 617-624-0	
	returr termii	ň-			1,907,929.
	ated Amer		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
	_lreturr ]Appli		nd address of principal officer: PAOLA FERREIRA MIANI	H(a) Is this a group ref	37
	tibh pendi	ing <b>SAME</b>	AS C ABOVE	for subordinates?	
				527 H(b) Are all subordinates ind	
	Nebsi		X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) or         )           CLIMATE – XCHANGE • ORG         Image: Additional state of the state	H(c) Group exemption	ist. See instructions
				rear of formation: 2014 M	
	art I	Summary			State of legal dominine. 1121
	1		be the organization's mission or most significant activities: <b>ACHIEVE</b>	A RAPTD AND EC	
Governance	'		TON TOWARDS A ZERO-EMISSIONS ECONOMY	BY ADVANCING	<u>TATE</u>
nar	2	Check this bo			
ver	3		-		5
õ	4		lependent voting members of the governing body (Part VI, line 1a)		5
ې د	5		of individuals employed in calendar year 2022 (Part V, line 2a)		17
/itie	6		of volunteers (estimate if necessary)		0
Activities &			d business revenue from Part VIII, column (C), line 12		0.
◄			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	348,809.	634,179.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	25,000.
ě	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Π.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,531,125.	709,205.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,879,934.	1,368,384.
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	672,247.	690,518.
sue	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 126, 404.	0.	0.
Expenses					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	396,598.	357,704.
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,845.	1,048,222.
	19	Revenue less	expenses. Subtract line 18 from line 12	811,089.	320,162.
nce:				Beginning of Current Year	End of Year
Sset Bala	20	Total assets (		329,418.	620,028.
Net Assets or Fund Balances	21		(Part X, line 26)	64,000.	34,448.
			fund balances. Subtract line 21 from line 20	265,418.	585,580.
	art II			tomonto and to the heat of mu	knowledge and belief it is
			I declare that I have examined this return, including accompanying schedules and sta		knowledge and bellet, it is
uue	, corre	i, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	iarti nas any knowleuye.	
		1			

Sign	Signature of officer Date									
-	QUINTON ZONDERVAN, TREASU	RER								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JOHN P. FAHEY									
Preparer	Firm's name WALD & COMPANY, P	.C.	Firm's EIN 04-3402406							
Use Only	Firm's address 300 CONGRESS STRE	ET, UNIT 406								
	QUINCY, MA 02169		Phone no. $617 - 439 - 0600$							
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes 🗔 N							
222001 12 1	13-22 I HA For Paperwork Reduction Act Notic	see the senarate instructions	Eorm <b>990</b> (202							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CLIMATE XCHANGE EDUCATION AND RESEARCH
	1990 (2022) INC 47-3976138 Page 2
Pa	Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO ACHIEVE A DURABLE AND JUST DECARBONIZATION OF THE U.S. ECONOMY BY
	FACILITATING CLIMATE POLICY AT THE STATE LEVEL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	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
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 770,169. including grants of \$ 490,679.) (Revenue \$ 25,000.)
та	EMPOWER STATE AND LOCAL POLICY MAKERS, BUSINESS LEADERS, AND ADVOCATES
	WITH THE INFORMATION, RESOURCES, AND NETWORKS THEY NEED TO ACHIEVE A
	RAPID AND EQUITABLE TRANSITION TOWARDS A ZERO-EMISSIONS ECONOMY IN A
	WAY THAT BEST SERVES LOCAL COMMUNITIES.
4b	(Code:         ) (Expenses \$
-10	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-10	
4d	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 770,169.
	Form <b>990</b> (2022)

Form 990 (2022) INC
Part IV Checklist of Required Schedules

INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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	•		x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
F	during the tax year? If "Yes," complete Schedule C, Part II	4	<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	5		
U	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	-		<u> </u>
	Schedule D, Part III	8		х
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?			
	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			
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
<b>b</b>	Part VI	11a		X
D	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
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
Ŭ	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			<u> </u>
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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			v
	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,"	40	х	
20-	complete Schedule G, Part III	19 20a	17	x
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

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INC

Form 990 (2022)

Par	t 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		X
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		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	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?/f			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		ĺ
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	L
Par		-	-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22	Form	990	(2022)

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INC

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Form	990 (2022) INC 47-3976	138	P	age <b>5</b>						
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 17									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
		3a		x						
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b								
		30								
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								
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	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	Organizations that may receive deductible contributions under section 170(c).									
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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of qualined intellectual property, did the organization life rorm 0039 as required f	79 7h								
-		711								
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	•								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
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?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
10										
17	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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Form	990 (2022) INC	47	-3976	138	P	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 throu			"No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee instructior	7S.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1	d	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ith any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the di		sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc	kholders, 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:				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	าue Code.)				
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the	e form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					v
	on Schedule O how this was done			12c	Х	X
13	Did the organization have a written whistleblower policy?			13	x X	
14	Did the organization have a written document retention and destruction policy?			14	Δ	
15	Did the process for determining compensation of the following persons include a review and approval by	/ independer	π			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	х	
a b				15a	17	x
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	t with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		, , , , , , , , , , , , , , , , , , , ,			
				16h		
Sec	exempt status with respect to such arrangements?	<u></u>		16b		
17	List the states with which a copy of this Form 990 is required to be filed MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9		n 501(c)(3)	s only	) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.	1001 (30010)		o onny	, availe	
	X       Own website       Another's website       X       Upon request       Other (explain on	Schedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confli		nolicy an	d finar	ncial	
	statements available to the public during the tax year.		poncy, an	a miai	.5.01	
20	State the name, address, and telephone number of the person who possesses the organization's books	and records				
	QUINTON ZONDERVAN - 617-624-0919					
	519 SOMERVILLE AVE, PMB 214, SOMERVILLE, MA 02143					

Form 990 (2	2022)	INC						47-1	39
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key E	Employees,	Highest (	Compensate	d
	Employees, an	d Independe	ent Contrac	ctors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

INC

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer -			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) PAOLA FERREIRA MIANI	40.00									_
EXECUTIVE DIRECTOR						Х		119,169.	0.	0.
(2) PETER KIRBY	8.00									_
PRESIDENT				Х				0.	0.	0.
(3) QUINTON ZONDERVAN	5.00									_
TREASURER				X				0.	0.	0.
(4) KALMAN GACS	5.00								_	
CLERK				х				0.	0.	0.
(5) CATHY CARRUTHERS	5.00									_
DIRECTOR		X						0.	0.	0.
(6) LAURA TEICHER	2.00								_	
DIRECTOR		х						0.	0.	0.
		<u> </u>		<u> </u>		<u> </u>	<u> </u>			
										- 000

Form 990 (2022)

		KCHANGE	ΕI	DUC	CAT	CI(	ON	Al	ND RESEARCH	. –			_
	990 (2022) INC									47-39	)76	138	Page <b>8</b>
Part			oloy	ees			ghe	st C					
	(A)	(B)				<b>C)</b> ition			(D)	(E)			F)
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			nated
		hours per week					is bot pr/trus		compensation	compensatio			unt of
		(list any	or						from the	from related organizations			her ensation
		hours for	direct				р		organization	(W-2/1099-MIS		•	n the
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	•		ization
		organizations	trust	ial tru		yee	ompe		1099-NEC)			and r	related
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				organi	izations
		line)	Indi	Insti	Officer	Key	High emp	Former					
1b	Subtotal								119,169.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								119,169.		0.		0.
	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	е		1
	compensation from the organization												⊥ ′es No
•		-11								I	1	Ť	
	Did the organization list any <b>former</b> officer,	-		-	•	-		Ŭ		-			x
	line 1a? If "Yes," complete Schedule J for s											3	
	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	-		4	x
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com											5	x
	ion B. Independent Contractors			0. 00		00.0							
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	m
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.	· · · ·		
	(A)								(B)			(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C	ompens	ation
								_					
								-					
								+					
2	Total number of independent contractors (ii	ncluding but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	•					0		,				

			2022) INC	:						47-3976	138 Page 9
Pa	rt VI		Statement of Re	venu	е						
			Check if Schedule O	contair	ns a resp	onse	or note to any lin				
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns		1a						
Grai	ł	b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts	C	с	Fundraising events		1c						
Gifi	C	d	Related organizations		1d						
ns, Simi			Government grants (contr		·						
er S	f	f	All other contributions, gifts,								
-tp			similar amounts not included	above			634,179.				
ont nd (	-	-	Noncash contributions included in	lines 1a	-1f <b>1g</b>	\$					
<u>a</u> C	ł	h	Total. Add lines 1a-1f				1	634,179.			
							Business Code				
Program Service Revenue	2 8		RESEARCH COLLABORAT	ION			541610	25,000.	25,000.		
Ser		b									
ven Sun S		C									
gra Re		d									
Pro		e f	All other program service	rovoni	10						
			Total. Add lines 2a-2f					25,000.			
	3	3	Investment income (includ								
	-										
	<ul><li>other similar amounts)</li><li>Income from investment of tax-exempt bond pro</li></ul>										
	5		Royalties			-					
					(i) Rea	al	(ii) Personal				
	6 a	а	Gross rents	6a							
	t	b	Less: rental expenses	6b							
	c	с	Rental income or (loss)	6c							
	C	d	Net rental income or (loss	) <u></u>							
	7 a	а	Gross amount from sales of		(i) Secur	ties	(ii) Other				
			assets other than inventory	7a							
•	ł	b	Less: cost or other basis								
evenue			and sales expenses	7b							
eve			Gain or (loss)	7c							
sr Re			Net gain or (loss)				1				
Other	8 8	а	Gross income from fundraisin								
0			including \$								
			contributions reported on		-	8a					
		h	Part IV, line 18								
			Net income or (loss) from								
			Gross income from gamin								
			Part IV, line 19	-			1,248,750.				
	ł	b	Less: direct expenses				539,545.				
			Net income or (loss) from					709,205.	709,205.		
	10 a	а	Gross sales of inventory,	ess re	turns						
			and allowances			10a	a				
	ł	b	Less: cost of goods sold			10k	þ				
	(	с	Net income or (loss) from	sales (	of invente	ory					
S							Business Code				
Miscellaneous Revenue	11 a	а									
/en		b									
sce Re		с	<u>.</u>								
Mi			All other revenue								
		e	Total. Add lines 11a-11d					1 260 204	724 205		
	12		Total revenue. See instruction	лтs				1,368,384.	734,205.	0.	Ο.

Form 990 (2022) INC
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 respor				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	623,551.	481,541.	81,229.	60,781.
8	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,531.	9,327.	1,694.	510.
10	Payroll taxes	55,436.	42,810.	7,222.	5,404.
11	Fees for services (nonemployees):				
а	Management				
	Legal	4,026.		4,026.	
	Accounting	74,039.	48,957.	22,405.	2,677.
	Lobbying	14,813.	14,813.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	177,874.	112,873.	11,330.	53,671.
12	Advertising and promotion				
13	Office expenses	780.	102.	672.	6.
14	Information technology	27,605.	21,377.	5,063.	1,165.
15	Royalties				
16	Occupancy	38,882.	32,450.	4,658.	1,774.
17	Travel	12,456.	445.	12,011.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		4 025		000
23		4,570.	4,035.	315.	220.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,379.	1,379.		
b	BANK CHARGES	720.		524.	196.
с	DUES AND FILING FEES	560.	60.	500.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,048,222.	770,169.	151,649.	126,404.
26	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)				
22201	0 12-13-22				Form <b>990</b> (2022)

Form 990 (2022) Part X Balance Sheet

INC

art )	Χ	Balance Sheet					
		Check if Schedule O contains a response or r	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	164,518.	1	376,029		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			135,000.	3	217,67
	4	Accounts receivable, net				4	25,00
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstanti	al contributor, or 35%			
		controlled entity or family member of any of th	hese p	ersons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
	9				23,645.	9	
1	0a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	. 10	a			
	b	Less: accumulated depreciation	. 10	b		10c	
1	1	Investments - publicly traded securities		11			
1	2	Investments - other securities. See Part IV, lin		12			
1	3	Investments - program-related. See Part IV, lin		13			
1	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11	6,255.	15	1,32		
1	6	Total assets. Add lines 1 through 15 (must ed			329,418.	16	620,02
1	7	Accounts payable and accrued expenses			14,000.	17	34,44
1	8	Grants payable	50,000.	18			
1	9	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet				21	
2	2	Loans and other payables to any current or for	ormer o	fficer, director,			
		trustee, key employee, creator or founder, sul	bstanti	al contributor, or 35%			
		controlled entity or family member of any of th	hese p	ersons		22	
2	3	Secured mortgages and notes payable to unr	related	third parties		23	
2	24	Unsecured notes and loans payable to unrela	ated thi	rd parties		24	
2	25	Other liabilities (including federal income tax,	payabl	es to related third			
		parties, and other liabilities not included on lin	nes 17-	24). Complete Part X			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			64,000.	26	34,44
		Organizations that follow FASB ASC 958, c	heck l	ere X			
		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			130,418.	27	217,90
2	8	Net assets with donor restrictions			135,000.	28	367,67
		Organizations that do not follow FASB ASC	C 958,	heck here			
		and complete lines 29 through 33.					
2	9	Capital stock or trust principal, or current fund	ds			29	
3	0	Paid-in or capital surplus, or land, building, or	equip	nent fund		30	
3	1	Retained earnings, endowment, accumulated	l incom	e, or other funds		31	
3	2	Total net assets or fund balances			265,418.	32	585,58
-	3	Total liabilities and net assets/fund balances			329,418.	33	620,02

CLIMATE	XCHANGE	EDUCATION	AND	RESEARCH

	1990 (2022) INC	47-39	/6138	Pag	<sub>je</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			1 200		~ 4	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,368			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,048			
3	Revenue less expenses. Subtract line 2 from line 1	3		),1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	5,4	18.	
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	585	5,5	80.	
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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scl	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>			

Form **990** (2022)

SCHEDULE A (Form 990)				omplete if the organ	rity Status an	l(c)(3) org	anization			OMB No. 1545-0047
		f the Treasury nue Service		At	47(a)(1) nonexempt cha ttach to Form 990 or Fo	rm 990-E	Z.			Open to Public Inspection
		he organizati			Form990 for instruction				Employer	identification number
		Deserve	INC							7-3976138
Pa					(All organizations must c				IS.	
The o	organi				For lines 1 through 12, c on of churches described					
2	$\square$				Attach Schedule E (Forn			•,\/•,\/•		
3					anization described in <b>s</b> e		(b)(1)(A)(i	ii).		
4		•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name,
		city, and state								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6				•	nental unit described in			.,		
7					intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
•		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par		ad in aaniu	nation with a	land grant	
9					in <b>section 170(b)(1)(A)(</b> ulture (see instructions).					
		university:		grant college of agric	ulture (see instructions).	Enterthe	name, city	y, and state o	r the colleg	6 01
10	X		on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hip fees a	nd gross receipts from
		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment								
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
	See section 509(a)(2). (Complete Part III.)									
11		An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	5 <b>09(a)(3).</b> 🤇	heck the box on
		7	-		of supporting organizatio		-		-	
а					upervised, or controlled					
		• •	•	., .	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	upporting
b				complete Part IV, Se		tion with it		od organizati	n(c) by ba	ving
D	L				l or controlled in connec anization vested in the s					
			•	t complete Part IV,		ame perso			age the sup	ported
с		7 <sup>°</sup>	. ,	•	g organization operated	in connec	tion with.	and functiona	llv integrate	ed with.
_			-		s). You must complete I					,
d		] Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not f	unctionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е			•		written determination fro			а Туре I, Туре	II, Type III	
		-	-	• •	nally integrated support	ing organi:	zation.			
f				-						
<u> </u>		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetarv	(vi) Amount of other
		organization		(	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
					above (see instructions))					
Tota	1									

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Schedule A (Form 990) 2022	NC				47-397	6138 Pag
Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(	vi)
(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I c	or if the organizatio	on failed to qualify	under Part III. If th	e organization
fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.							
	ction B. Total Support	. <u> </u>	1	1	1			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
	Total support. Add lines 7 through 10		 · · ·					
	Gross receipts from related activities							
13	First 5 years. If the Form 990 is for th		irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)		
80	organization, check this box and stop ction C. Computation of Publ						L	
	-							
	Public support percentage for 2022 (					14 15	%	
	Public support percentage from 2021						%	
105	33 1/3% support test - 2022. If the o							
F	stop here. The organization qualifies							
L	<b>33 1/3% support test - 2021.</b> If the organization qual and stop here. The organization qual							
170					a 12 16a ar 16b			
170	10% -facts-and-circumstances tes	-	-					
	and if the organization meets the fact				-	-		
F	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	-			-	17a and line 15 is		
C	more, and if the organization meets the	-	-					
	organization meets the facts-and-circ							
10	•		•					
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	275,865.	327,326.	301,242.	348,809.	634,179.	1887421.
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		866,303.	1003100.	2248357.	1248750.	5366510.
3	Gross receipts from activities that		,				
J	are not an unrelated trade or bus- iness under section 513	1,529.					1,529.
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 to the organization without charge						
6	Total. Add lines 1 through 5	277,394.	1193629.	1304342.	2597166.	1882929.	7255460.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the executed the 12 for the uncert						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						7255460.
8	Public support. (Subtract line 7c from line 6.)						7233400.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
	,	(a) 2018 277, 394.	(b) 2019 1193629.	(c) 2020 1304342.	(d) 2021 2597166.	(e)2022 1882929.	(f) Total 7255460.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21115540	1193029.	1301312.	23371000	1002929	12334000
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	277,394.	1193629.	1304342.	2597166.	1882929.	7255460.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and <b>stop here</b>	~ 					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2022 (	line 8. column (f). d	livided by line 13.	column (f))		15	100.00 %
	Public support percentage from 2021					16	%
	ction D. Computation of Invest						//
	Investment income percentage for 20			ne 13. column (fl)		17	.00 %
	Investment income percentage from					18	<u> </u>
	133 1/3% support tests - 2022. If the						
198							X
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	IT UIU HUL CHECK a	JUA UN III IE 14, 19i	a, บก เฮม, เกษเห็ แ	IIS DUN ALTU SEE ITTS		

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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.

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- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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Sche	edule A (Form 990) 2022 INC 47-39	7613	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	).		
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	nstructio	ns).	
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	2a		
b	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	2a		
b	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.	<u>2a</u>		

- these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**
- **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.*

2b

3a

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<u>Sch</u> e	edule A (Form 990) 2022 INC			17-3976138 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ving trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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 <b>Part VI</b> ):			
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990) 2022

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Sche Par	dule A (Form 990) 2022 INC t V Type III Non-Functionally Integrated 509	(2)(3) Supporting Org	nizations	4	7-3976138 Page 7
			anizations (continu	<u>ied)</u>	Oursent Voor
	on D - Distributions	matauraaaa		1	Current Year
<u>1</u> 2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exempt				
2	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	19 19	3	
4	Amounts paid to acquire exempt-use assets	es of supported organization	13 	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	2	•	
Ū	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

			XCHANGE	EDUCATI	ION AND 1	RESEARCH		
Schedule A	(Form 990) 2022	INC					47-3976138	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, 40 nes 2 and 3; Pa	c, 5a, 6, 9a, 9b, rt IV, Section E,	9c, 11a, 11b, a lines 1c, 2a, 2b	nd 11c; Part IV, o, 3a, and 3b; P	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,

### Schedule B

(Form 990)	
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Department of the Treasury Internal Revenue Service

#### Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

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TNC					

Employer identification number

47-3976138

	7110
Organization	type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

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

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

#### Schedule B (Form 990) (2022)

CLIMATE XCHANGE EDUCATION AND RESEARCH

Name of organization

INC

Page 2

Employer identification number

47-3976138

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALEX C WALKER FOUNDATION 1729 COVENTRY PLACE DECATUR, GA 30030	\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTHERN TRUST DONOR ADVISED FUND 50 SOUTH LASALLE ST CHICAGO, IL 60604	\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CATHY CARRUTHERS 5914 S PARK AVE TACOMA, WA 98408	\$30,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KIRBY FAMILY CHARITABLE FUND 128 OXFORD ST #1 CAMBRIDGE, MA 02140	\$66,909.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TIDES FOUNDATION 55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SALLY MEAD HANDS FOUNDATION 585 BANK LANE LAKE FOREST, IL 60045	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

CLIMATE XCHANGE EDUCATION AND RESEARCH

Name of organization

Page 2

Employer identification number

47-3976138

INC			47-3976138
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBINHOOD COVE FUND 211 MAIN ST SAN FRANCISCO, CA 94105	\$5,00	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4 HELEN & WILLIAM MAZAR FOUNDATION C/O	(c) Total contributions	(d) Type of contribution
8	INDA BERKOWITZ         140 KENT DR         BERKELEY HEIGHTS, NJ 07922	\$5,00	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE LOCKHART VAUGHAN FOUNDATION 1600 W 41ST ST STE 700 BALTIMORE, MD 21211	\$18,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MORTON K AND JANE BLAUSTEIN FOUNDATION 1 SOUTH STREET STE 2900 BALTIMORE, MD 21202	\$60,00	0 • Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DES FOUNDATION 60 W 13TH ST #7B NEW YORK, NY 10011	\$92,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

INC		47	-3976138
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

## 223453 11-15-22

Schedule B (Form 990) (2022)

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#### Page 3

CLIMATE XCHANGE EDUCATION AND RESEARCH

Employer identification number

17-3076138

#### Schedule B (Form 990) (2022)

Name of organization

Schedule B	6 (Form 990) (2022)			Page 4				
Name of or	-			Employer identification number				
CLIMA'I INC	TE XCHANGE EDUCATION AN	ID RESEARCH		47-3976138				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in s	ection 501(c)(7), (8), or (10					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or l</b>	ry. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-		(e) Transfer of gif	 t					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
F	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
F		e) Transfer of gif	t					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
F		(e) Transfer of gif	t					
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				

SCHEDULE C	Pc	olitical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		anizations Exempt From Income	-	•	7	2022
		if the organization is described b				Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for ins	structions and the la	test information.		Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lir	ne 46 (Political Campa	aign Acti	vities), then
		plete Parts I-A and B. Do not com			-	
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	. Do not complete Part	I-B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), th	en
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that	have filed Form 5768 (election unc	ler section 501(h)): Co	omplete Part II-A. Do n	ot compl	ete Part II-B.
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that	have NOT filed Form 5768 (electio	n under section 501(h	n)): Complete Part II-B.	Do not c	omplete Part II-A.
-		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst						
	-	tions: Complete Part III. XCHANGE EDUCATIO			mployor	identification number
Name of organization	INC	ACHANGE EDUCATIO	N AND RESEA			identification number 7-3976138
Part I-A Compl		anization is exempt unde	r section 501(c)	or is a section 52		
					.i orga	
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities i	n Part IV		
		ures			\$	
		gn activities				
		<b>3</b>				
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(	3).		
1 Enter the amount of	f any excise tax	incurred by the organization unde	r section 4955		\$	0.
2 Enter the amount of	f any excise tax	incurred by organization manager	s under section 4955		\$	0.
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No
4a Was a correction m	nade?					Yes No
b If "Yes," describe in						•
		anization is exempt unde		-		-
		d by the filing organization for sect			\$	
		ization's funds contributed to othe	er organizations for se	ection 527		
exempt function ac					\$	
	-	a. Add lines 1 and 2. Enter here and			۴	
						Yes No
		<b>1120-POL</b> for this year?				
		tion listed, enter the amount paid				
		omptly and directly delivered to a				
	•	additional space is needed, provid	· · ·			0 0
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro	om (	e) Amount of political
				filing organization	's cor	ntributions received and
				funds. If none, enter		promptly and directly elivered to a separate
						political organization.
						If none, enter -0

Schedule C (Form 990) 2022

Sch		NC				976138 Page 2
Pa	art II-A Complete if the orga	nization is exer	npt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
	section 501(h)).					
Α	Check if the filing organizatio	on belongs to an affil	iated group (and list ir	Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share	of excess lobbying e	expenditures).			
В	Check if the filing organizatio	on checked box A ar	nd "limited control" pro	visions apply.		
		on Lobbying Exper tures" means amou	nditures nts paid or incurred.)	1	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lobbying expenditures to influe	ence public opinion (	grassroots lobbying)			
	b Total lobbying expenditures to influe	ence a legislative boo	ly (direct lobbying)		14,813.	
	c Total lobbying expenditures (add line	es 1a and 1b)			14,813.	
	d Other exempt purpose expenditures				1,033,409.	
	e Total exempt purpose expenditures (	ose expenditures (add lines 1c and 1d)			1,048,222.	
	f Lobbying nontaxable amount. Enter				179,822.	
	If the amount on line 1e, column (a) or (	(b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000,0	000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,500	0,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,00	00,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
	g Grassroots nontaxable amount (ente	er 25% of line 1f)			44,956.	
	h Subtract line 1g from line 1a. If zero o	or less, enter -0			0.	
	i Subtract line 1f from line 1c. If zero o	or less, enter -0			0.	
	j If there is an amount other than zero	on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this ye	ear?			L	Yes No
	(Some organizations that	at made a section 5	raging Period Under 01(h) election do not ate instructions for lin	have to complete all	of the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	85.	169,512.	0.	179,822.	349,419.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					524,129.
c Total lobbying expenditures	424.	775.	0.	14,813.	16,012.
<b>d</b> Grassroots nontaxable amount	21.	42,378.	0.	44,956.	87,355.
e Grassroots ceiling amount (150% of line 2d, column (e))					131,033.
f Grassroots lobbying expenditures	424.	775.	0.		1,199.

Schedule C (Form 990) 2022

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Schedule C	(FOULL 990)	2022

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	)
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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?	$\frac{1}{10000000000000000000000000000000000$	or 00	otion	
Fai	501(c)(6).	511 50 1(0)(5),	01 36	CUON	
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."		,	,	,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		-		
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
c			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
-	t IV Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

	HEDULE D n 990)	Complete if the orga	al Financial Statement nization answered "Yes" on Form 990, 9, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12			OMB No. 1545-0047
	ment of the Treasury	A	ttach to Form 990.			Open to Public
	al Revenue Service e of the organizati		0 for instructions and the latest information UCATION AND RESEARCH			Inspection identification number
Pa	t L Organiz	INC ations Maintaining Donor Advise	d Eundo or Othor Similar Eund			7-3976138
Fa		n answered "Yes" on Form 990, Part IV, lir		S UI AC	counts.	Complete if the
			(a) Donor advised funds	(b)	Funds an	d other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year		and funda		
5	-	on inform all donors and donor advisors in on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	-	poses and not for the benefit of the donor of			-	
	impermissible priv		-			Yes No
Pa		ation Easements. Complete if the org	-	Part IV, lir	ne 7.	
1		servation easements held by the organizat				
		n of land for public use (for example, recrea f natural habitat	ation or education) Preservation of			
		n of open space		a certine	u historic	Siluciule
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a cons	servation e	easement on the last
	day of the tax yea	<b>c c</b> .				at the End of the Tax Year
а		onservation easements			2a	
b		ricted by conservation easements			2b	
С		vation easements on a certified historic str			2c	
d		vation easements included in (c) acquired	• • •			
3		isted in the National Register			2d	a the tax
U	year		icased, extinguished, or terminated by th	e organiza		
4		where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the pe				
		orcement of the conservation easements i				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation	easemen	ts during the year
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ease	ments du	ring the year
8	Does each conser	vation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i	)	
		)(4)(B)(ii)?				Yes No
9	-	be how the organization reports conservat	•			- 41
		d include, if applicable, the text of the foot ounting for conservation easements.	note to the organization's financial statem	ients that	describes	stne
Pa		ations Maintaining Collections o	of Art, Historical Treasures, or C	Other Si	milar A	ssets.
	Complete it	f the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balan	ice sheet	works
		easures, or other similar assets held for pu			e of public	2
	· •	Part XIII the text of the footnote to its fina				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public ing amounts relating to these items:	e exhibition, equivation, or research in full	nerance C	n public s	
	•	ded on Form 990, Part VIII, line 1			\$	
2	If the organization	received or held works of art, historical tre				
	the following amou	unts required to be reported under FASB A	ASC 958 relating to these items:			
a		on Form 990, Part VIII, line 1				
		Form 990, Part X		<u></u>		
LHA	FOR Paperwork R	eduction Act Notice, see the Instruction	5 IUI FUIIII 330.		Sche	dule D (Form 990) 2022

232051 09-01-22

CLIMATE	XCHANGE	EDUCATION	AND	RESEARCH
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		XCHANGE E	DUCA	TION A	ND RESEAF	СН	4 77	2076	1 2 0	•
-	dule D (Form 990) 2022 INC									Page <b>2</b>
Par	t III Organizations Maintaining C								ntinue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that ma	ke sign	ificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d			hange program					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							Part XIII.		
5	During the year, did the organization solicit of									
_	to be sold to raise funds rather than to be ma							Ye		No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	' on Fo	rm 990, Part	IV, line 9	, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-					<u> </u>		<b>—</b>
_	on Form 990, Part X?							└── Ye	5	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:			<u> </u>	A		
								Am	ount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-		└── Ye		
_	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds. Complete i	(a) Current year			(c) Two years bac		Three years h		Fourv	ears back
		(a) Current year	(D) P	rior year	(C) TWO years bad	<u>^ (a)</u>	THIEE YEARS D		our ye	Jais Dauk
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									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered f	or the			_	
	organization by:								Y	'es No
	(i) Unrelated organizations							3a	a(i)	
	(ii) Related organizations								(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?				3	b	
	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990, Pa	t X, lin	e 10.			
	Description of property	(a) Cost or o					mulated	(d) E	Book v	value
		basis (investr	ment)	basis	(other)	depre	ciation			
	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)					0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INC		47	-39/6136 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11h 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	1-of-vear market value
(1) Financial derivatives	(1) 20011 10100		
(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			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (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	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	· _ ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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...

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 INC				3976138 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Ret	urn	
	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	1,368,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е				?e	0.
3	Subtract line 2e from line 1			3	1,368,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с			4	c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,368,384.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per R	etui	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,048,222.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	1 1			
d					
	Other (Describe in Part XIII.)	2d			
е				2e	0.
е 3	Add lines <b>2a</b> through <b>2d</b>			2e 3	0. 1,048,222.
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	· · · · · · · · · · · · · · · · · ·			
3 4	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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			
3 4 a	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.)	4a 4b			1,048,222.
3 4 a b	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.)	4a 4b		3	1,048,222.
3 4 a b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b		3 Ic	1,048,222.

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.

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19, or if the	2022	
Department of the Treasury		Attach to Form 990	or Fori	m 990	-EZ.		Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instru					Inspection	
Name of the organization	n CLIMATE INC	XCHANGE EDUCATIO	N AN	ID R	ESEARCH		identification number 76138	
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "ו	es" o	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not	
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations Dicitations on have a written o ted in Form 990, F D highest paid indi	s <b>f</b> Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, or		
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of from activity		(v) Amount pa to (or retained fundraiser listed in col. (	by) to (or retained by)
HUDSON FERRIS - 16	7 MADISON	PROVIDE STRATEGIC	Yes	No				
AVE, NEW YORK, NY	10016	CONSULTING FOR		Х	153,000.	49,4	21. 103,579.	
	ich the organizatio	on is registered or licensed to solicit	contrik	oution	153,000. s or has been notified	49 , 4 d it is exempt fro		
or licensing.								

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CLIMATE XCHANGE EDUCATION AND RESEARCH
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Schedule	G	(Form	990)	20

INC )22 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11					
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				1
				(b) Pull tabs/instant		(d) Total gaming (add

Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve	1	Gross revenue			1,248,750.	1,248,750.
es	2	Cash prizes			20,000.	20,000.
Direct Expenses	3	Noncash prizes			162,536.	162,536.
Direct E	4	Rent/facility costs				
	5	Other direct expenses			357,009.	357,009.
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			539,545.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			709,205.
9	En	ter the state(s) in which the organization condu	cts gaming activities: N	1A		
а		the organization licensed to conduct gaming ac				X Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or t	erminated during the tax	year?	Yes X No
b	lf "	Yes," explain:				

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Schedule G (Form 990) 2022

CLIMATE XCHANGE EDUCATION AND RESEARCH           Schedule G (Form 990) 2022         INC	47-3976138 Page 3
11         Does the organization conduct gaming activities with nonmembers?	
<ul> <li>12 Is the organization conduct gaming activities with nonmembers 1</li> <li>12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?</li> </ul>	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13</b> a %
<b>b</b> An outside facility	13b 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name PETER KIRBY	
Address 128 OXFORD ST, #1 - CAMBRIDGE, MA 02140	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$	punt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Fart III, lines 9, 90, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF FUNDRAISER: HUDSON FERRIS	
(I) ADDRESS OF FUNDRAISER: 167 MADISON AVE, NEW YORK, NY 10	016
(II) ACTIVITY: PROVIDE STRATEGIC CONSULTING FOR SOLICITATION	S AND OUTREACH

	(=			EDUCATION	AND	RESEARCH	47-3976138 Page
Schedule G	i (Form 990) Supplemental Inform	mation (contin	ued)				47-3970130 Page
1 art IV							

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. CLIMATE XCHANGE EDUCATION AND RESEARCH



47-3976138

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CLIMATE POLICY.

FORM 990, PART VI, SECTION B, LINE 11B:

INC

FORM 990 FILING IS REVIEWED AND APPROVED BY ORGANIZATION'S FINANCE

COMMITTEE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE DIRECTOR SALARY WAS REVIEWED AND APPROVED BY THE BOARD

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

HR PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES38,106.MANAGEMENT AND GENERAL EXPENSES5,469.

FUNDRAISING EXPENSES2,084.TOTAL EXPENSES45,659.

CONSULTING:

PROGRAM SERVICE EXPENSES	72,000.
MANAGEMENT AND GENERAL EXPENSES	5,464.
FUNDRAISING EXPENSES	2,015.
TOTAL EXPENSES	79,479.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization CLIMATE XCHANGE EDUCATION AND RESEARCH INC	Page 2 Employer identification number 47-3976138
PAYROLL SERVICE FEES:	·
PROGRAM SERVICE EXPENSES	2,767.
MANAGEMENT AND GENERAL EXPENSES	397.
FUNDRAISING EXPENSES	151.
TOTAL EXPENSES	3,315.
FUNDRAISING CONSULTANT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	49,421.
TOTAL EXPENSES	49,421.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	177,874.