** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and e	ending Si	EP 30, 2023					
	heck if oplicable	C Name of organization		D Employer ider	ntifica	tion number			
	Addres	350.ORG ACTION FUND							
	Name change			26-11816	04				
	Initial return		Room/suite	E Telephone number					
	Final return/	PO BOX 843004		(518) 635)				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		16	52,960.		
	Ameno return	BOSION, MA 02264-3007		H(a) Is this a grou	ıp retu	ırn			
	Application	F Name and address of principal officer: Gibbian MAI BOEVE		for subordina	ates?	Yes	X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordina	tes inclu	ıded? Yes	No		
<u> </u>	ax-exe	empt status: \bigcirc 501(c)(3) \bigcirc 501(c) (\bigcirc 4) (insert no.) \bigcirc 4947(a)(1) of	r 527	If "No," attac	h a lis	st. See instructi	ons		
	Vebsit			H(c) Group exem	•	number			
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	<u>M</u> S	State of legal don	nicile: DC		
Pa		Summary							
ø		Briefly describe the organization's mission or most significant activities: 350.0RG		FUND IS A					
anc		CAMPAIGN DEDICATED TO CHANGING THE POLITICS OF CLIMATE CHANGE							
Governance		Check this box if the organization discontinued its operations or dispose		I	1	S.	4		
300					3		4		
		Number of independent voting members of the governing body (Part VI, line 1b)			5		0		
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6		4		
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.		
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b		0.		
		Net diretated business taxable moone non-1 on 350 1,1 art 1, mile 11		Prior Year	75	Current Ye			
	8	Contributions and grants (Part VIII, line 1h)		216,43	37.	16	52,950.		
nue		Program service revenue (Part VIII, line 2g)		,	0.		0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.5	59.		10.		
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,99	99.		0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,89	95.	16	52,960.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	225,00	0.	2	25,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.		
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,38	31.	10,742.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.		
хре	b	Total fundraising expenses (Part IX, column (D), line 25) 5,3	309.						
Ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,32			30,891.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		298,70	_		L6,633.		
		Revenue less expenses. Subtract line 18 from line 12		-76,80			16,327.		
Net Assets or Fund Balances			Ве	ginning of Current Ye		End of Ye			
sset 3ala	20	Total assets (Part X, line 16)		564,66		44	14,250.		
et A	21	Total liabilities (Part X, line 26)		169,96	_	4.4	3,221.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20		394,70	12.	4.	11,029.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet o	f my kr	nowledge and he	liaf it ic		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	I IIIy Ki	nowicage and be	1101, 11 13		
ii uo,	001100	s, and complete. Books and or property (other than others) to become on an information of white	on propuror	nas any knowledge.					
Sigr	,	Signature of officer		Date					
Her		GILLIAN MAY BOEVE, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	· [PTIN			
Paid		KRISTEN BARNETT Luster Daw	reft los	8/09/24 if self-e	mployed	P01234578			
Prep	arer	Firm's name RSM US LLP		Firm's EIN		2-0714325			
Use		Firm's address 1001 WATER ST. STE. 500							
		TAMPA, FL 33602		Phone no.	813-3	316-2300			
May	the IF	RS discuss this return with the preparer shown above? See instructions				X Yes	No		

including grants of \$

103,448.

) (Revenue \$

(Expenses \$

Total program service expenses

26-1181604

Form 990 (2022) 350 ORG ACTION FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
	If "Yes," complete Schedule A	1	37	Х
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	_	77	
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Α
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	4-		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2022) 350.ORG ACTION FUND

Part IV Checklist of Required Schedules (continued) 26-1181604 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Δ
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	200		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
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		
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		Х
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			oxed
	1 1 .		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) 350.ORG ACTION FUND

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

		1		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 0						
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b					
	•		3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or	ccount)'?	4a		Х			
D	If "Yes," enter the name of the foreign country	Vaccinate (FDAD)						
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		5a		Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
			5b 5c		Х			
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
va	any contributions that were not tax deductible as charitable contributions?		6a	x				
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ou					
~	were not tax deductible?		6b	x				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a					
			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa							
	to file Form 8282?	•	7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f	rm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_					
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	446						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	10-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12V						
	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.		100					
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						
			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	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			
	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 act							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Own website Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RUSHINA VIPANI - (518) 635-0350

PO BOX 843004, BOSTON, MA

02284-3007

Form 990 (2022) 350.ORG ACTION FUND 26-1181604 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c	heck ss pe	rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	ln stit utional trustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GILLIAN MAY BOEVE	1.00									
EXECUTIVE DIRECTOR	40.00			Х				5,402.	216,055.	29,004.
(2) JESSY TOLKAN	1.00									
BOARD CHAIR	2.00	Х		Х				0.	0.	0.
(3) KRISTINE STALLONE	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) KC GOLDEN	1.00	-						_	_	_
DIRECTOR	2.00	Х						0.	0.	0.
(5) JAY HALFON	1.00									
DIRECTOR		X						0.	0.	0.
		-								
		-								
		-								
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232007 12-13-22 Form **990** (2022)

Form 990 (2022) 350.ORG ACTION FUND 26-1181604 Page **8**

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	Average hours per week (list any hours for	(do box offi	not c , unle cer ar	Pos Pos heck i ss per	C) ition more rson i	than of s both	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s SC/	Estimat amount other compens from the		of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizatio and relate organizatio		ed
											\rightarrow			
1b	Subtotal							<u> </u>	5,402.	216,	055.		29,	004.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 5,402.	216,				0.
2	Total number of individuals (including but n												,	
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,													Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	•	ne organization		3		Α
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Х	
	rendered to the organization? If "Yes." com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	 oensati	ion fro	om	
	the organization. Report compensation for								the organization's tax y					
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	Co	(C ompe	nsatio	n
	Total number of independent contractions (noludina but =	ot 15:-	nito	1+0+	thes	مراند	tod	aboug) who roce: and	oro than				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	טנ ווו	mec	ו נט		se iis 0	ieu	above, who received mo	ne uiali				

26-1181604

Form 990 (2022) 350.ORG ACT Part VIII Statement of Revenue

			Check if Schedule O	ontair	ns a resp	onse (or note to any line	e in this Part VIII			
			SHOOK II GOI IOUUI O C	oritali	15 tt 100p	<u>Onioe (</u>	or note to any inv	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events	bution grants, above	1b 1c 1d ns) 1e and 1f	\$	162,950. 10,000.	162,950.			
Program Service Revenue	2		All other program service (revenu	ıe		Business Code				
Other Revenue	7	abcda b cda bca bca b	Investment income (included other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from the Gross income from gamine Part IV, line 19 Less: direct expenses Net income or (loss) from the Gross sales of inventory, leand allowances Less: cost of goods sold	f tax-e 6a 6b 6c 7a 7b 7c Inne 1c fundra g activ	(i) Secur	8a 8b ents e 9a 9b 10a 10b	(ii) Personal	10,			10.
Miscellaneous Revenue	11	a b c	All other revenue				Business Code				
	12		Total. Add lines 11a-11d Total revenue. See instruction					162,960.	0.	0.	10.

26-1181604

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 respons	e or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,111.	2,102.	2,392.	1,617.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,202.	1,101.	1,253.	848.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	762.	264.	299.	199.
10	Payroll taxes	667.	231.	261.	175.
11	Fees for services (nonemployees):				
а	Management	41,518.	41,518.		
b	Legal	3,536.	1,225.	1,386.	925.
С	Accounting	3,663.	1,259.	1,434.	970.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	20.000	20.000		
	column (A), amount, list line 11g expenses on Sch 0.)	30,000.	30,000.		
12	Advertising and promotion	2.063	71.0	907	E A C
13	Office expenses	2,063.	710.	807.	546.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20		111.	38.	44.	29.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
a					
b					
C					
d	All all and an area				
е 0-г	All other expenses Add lines 1 through 04s	116,633.	103,448.	7,876.	5,309.
25	Total functional expenses. Add lines 1 through 24e	110,033.	103,446.	7,070.	5,309.
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)				

350.ORG ACTION FUND 26-1181604

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		539,229.	1	418,803.
	2	Savings and temporary cash investments		•	2	·
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current		-		
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ			6	
"	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Donata del como como con el eleferore el elegente el			9	
		Land, buildings, and equipment: cost or other				
	lou	basis. Complete Part VI of Schedule D	I I I			
	b				10c	
	11	Investments - publicly traded securities	437.	11	447.	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - other securities. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	25,000.	15	25,000.	
	16	Total assets. Add lines 1 through 15 (must e		564,666.	16	444,250.
	17	Accounts payable and accrued expenses		,	17	,
	18	Grants payable			18	
	19			19		
	20	Deferred revenue Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet	- David IV of Colored do D		21	
	22	Loans and other payables to any current or fo			21	
Liabilities		trustee, key employee, creator or founder, sul				
þi		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,			24	
	25	parties, and other liabilities not included on lir	-			
		of Schedule D	, ,	169,964.	25	3,221.
	26	Total liabilities. Add lines 17 through 25		169,964.	26	3,221.
	20	Organizations that follow FASB ASC 958, c	heck here X		20	-,
S		and complete lines 27, 28, 32, and 33.	near nere			
ü	27			394,702.	27	441,029.
Fund Balances	28	Net assets with donor restrictions		7 •	28	,
P	20	Organizations that do not follow FASB ASC			20	
Ē		and complete lines 29 through 33.	555, check here			
	29	Capital stock or trust principal, or current fund	de		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
\SS	31	Retained earnings, endowment, accumulated			31	
et /				394 702		441,029.
Ž						444,250.
Net Assets or	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances		394,702. 564,666.	32 33	

Form **990** (2022)

Form 990 (2022) 350.ORG ACTION FUND 26-1181604 Page **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	Total revenue (must equal Part VIII, column (A), line 12)	1		162,	960.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		116,	633.	
3	Revenue less expenses. Subtract line 2 from line 1	3		46,	327.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		394,	702.	
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		441,	029.	
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: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

350, ORG ACTION FUND 26-1181604 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is 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 \$ 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) Name of organization

Employer identification number

350.ORG ACTION FUND

26-1181604

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	runie, audiess, and Lif † †	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

350.ORG ACTION FUND

26-1181604

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I 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

Name of o	organization		Employer identification number						
350.ORG	ACTION FUND		26-1181604						
Part III		through (e) and the following line ent naritable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	it						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(a) Transfer of side							
	(e) Trans Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 350.ORG ACTION FUND 26-1181604 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$\,_\\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 0. 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 52,550. exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 52,550. line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022	350.ORG	ACTION FU	ND		26-3	1181604	Page 2
Part II-A Complete if the org	ganizatio	n is exem	pt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection und	
section 501(h)).							
A Check if the filing organization	ation belon	gs to an affilia	ated group (and list in	n Part IV each affiliated o	group member's nam	ne, address, E	IN,
expenses, and sha	re of exces	s lobbying ex	penditures).				
3 Check if the filing organize	ation check	ed box A and	l "limited control" pro	ovisions apply.			
		oying Expend eans amoun	ditures ts paid or incurred.)	(a) Filing organization's totals	(b) Affiliate tota	
1a Total lobbying expenditures to infl	uence publ	lic opinion (gr	assroots lobbying)				
b Total lobbying expenditures to infl	uence a leg	gislative body	(direct lobbying)				
c Total lobbying expenditures (add l	c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditur	es						
e Total exempt purpose expenditure	es (add line:	s 1c and 1d)					
f Lobbying nontaxable amount. Ent	er the amo	unt from the t	ollowing table in bot	h columns.			
If the amount on line 1e, column (a)	or (b) is:	The lobb	ying nontaxable am	ount is:			
Not over \$500,000 20% of the amount on line 1e.							
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000				cess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000		\$1,000,000.					
g Grassroots nontaxable amount (er	nter 25% of	line 1f)					
h Subtract line 1g from line 1a. If ze	ro or less, e	enter -0					
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0					
j If there is an amount other than ze	ero on eithe	r line 1h or lir	ne 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes	No
(Some organizations t		a section 50	aging Period Under 1(h) election do not te instructions for li	have to complete all of	the five columns b	elow.	
	Lobi	oying Expend	ditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) To	tal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

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	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)
	f the lobbying activity.		No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	F04/ \/F	,		
Par		n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Bar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	
ı uı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
С					
3			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 pro-	olitical	_		
_	expenditures next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
		Esta Dest II A	. Constant	1 0 (0	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	i, lines 1 a	na 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
FARI	I-A, LINE 1:				
350.	ORG ACTION FUND IS FOCUSED ON STRENGTHENING THE ORGANIZING				
COMM	UNITY AND HONING ITS STRATEGIC FOCUS IN PREPARATION FOR THE US				
ELEC	TIONS IN 2024. AS A RESULT, THE MAJORITY OF ITS ACTIVITIES AND				
EXPE	NDITURES WERE NON-POLITICAL. HOWEVER, A GRANT WAS PROVIDED TO OUR				
PART	NER, 350 WISCONSIN ACTION TO SUPPORT THEIR CAMPAIGNING, ADVOCACY				

Schedule C	(Form 990) 2022 350.ORG ACTIO	N FUND	26-1181604	Page 4
Part IV	Supplemental Information (continued	d)		
AND POLIT	TICAL WORK AROUND THE WISCONSIN SUP	REME COURT ELECTIONS AND WE		
ENGAGED W	WITH A PROFESSIONAL FUNDRAISER WHO	SUPPORTED US ON POLITICAL		
CAMPAIGNI	ING.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

350.ORG ACTION FUND

Employer identification number 26 - 1181604

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
4	Number of states where preparts subject to concernation and	nament is leasted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ü	otali and volunteer hours devoted to monitoring, inspecting,	Training of Violations, and emoroting con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
		, ,	5 ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Do	organization's accounting for conservation easements.	FAMILLISTS WISS THE SOUTH SE OF OF	thay Similay Assats
Pai	T III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		ther Similar Assets.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub	·	
	service, provide in Part XIII the text of the footnote to its finar	•	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	on months, education, or research in furth	norance or public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treations	asures or other similar assets for financia	
~	the following amounts required to be reported under FASB A		a gain, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	, leaded moradod min ordin occuping the A		¥

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

26-1181604

Part VII	Investments - Other Securities.	5		
(a) Descri	Complete if the organization answered "Yes" of iption of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d.of.year market value
		(b) DOOK Value	(c) Method of Valuation. Cost of en	u-or-year market value
	ial derivatives y held equity interests			
(3) Other	y rield equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.	5 222 B . N. II		
	Complete if the organization answered "Yes" of (a) Description of investment			d af.,,a,,,,,a,,,,,a,,,,a,,,,a,
	(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	CURITY DEPOSIT			25,000.
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	15.)		25,000.
Part X	Other Liabilities.	-,		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2) DU	E TO 350.ORG			3,221.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	lump (b) must sough F 000 D. LV L /D' "	25.)		3,221.
	<i>lumn (b) must equal Form 990, Part X, col. (B) line</i> y for uncertain tax positions. In Part XIII, provide			I
	zation's liability for uncertain tax positions under		_	· —

26-1181604

Pai	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I'	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u></u>		
_C	Add lines 4a and 4b			
5 D ai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information.	ne 18.)	5	
		and 4. Doubliv lines the and Oh. Doub	V line 4. Dort V line 0. Do	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic		. v, III le 4, Fait A, III le 2, Fai	ι ∧i,
111165	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provid	le arry additional imormation.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants at							26-1181604
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	o substantiate the				-		
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organi	zations and Domesti	c Governments.	Complete if the orga	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
350 WISCONSIN ACTION PO BOX 2428							
MADISON, WI53701, WI 53701	88-2053462	501(C)(4)	25,000.	0.			GET OUT THE VOTE
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-	-					1

<u>Schedule I (Form 990) 2022</u> 350.ORG ACTION FUND 26-1181604 Page **2**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I line	e 2: Part III. column	(b): and any other ac	Iditional information	
	quirod irri dici, iirr	0 2, 1 art III, 00lairii	(b), and any other de	ontona momation.	
PART I, LINE 2:					
THE ORGANIZATION'S PROCEDURE FOR MONITORING GRANTS	IS THROUGH A	SSIGNING A			
PROJECT MANAGER OR PROJECT LEAD, PROVIDING ONGOING	/MONTHLY REPO	RTS ON THE			
JSE OF FUNDS AND ENSURING THE PROJECT IS COMPLETED	ON TIME AND	WITHIN			
BUDGET. STAFF RESPONSIBLE FOR THESE GRANTS WILL NE	GOTIATE AND A	DMINISTER			
SUCH AWARDS IN AN EFFICIENT AND EFFECTIVE MANNER,	ENSURE THE PR	OJECTS ARE			
COMPLIANT WITH TERMS, CONDITIONS, LAWS AND REGULAT	IONS, AND THA	T THE GRANT			
GDEEMENT IS NEGOTIATED IN A BAID MANNED WITH THE	DEGE POGGINE	MEDMO			
AGREEMENT IS NEGOTIATED IN A FAIR MANNER WITH THE	DESI LOSSIRFE	ITKMD.			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

350.ORG ACTION FUND

Part I Questions Regarding Compensation

Employer identification number
26-1181604

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	.40
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which if any of the following the organization used to establish the compensation of the organization's			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 350.ORG ACTION FUND 26-1181604 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GILLIAN MAY BOEVE	(i)	5,402.	0.	0.	108.	600.	6,110.	0.
EXECUTIVE DIRECTOR	(ii)	216,055.	0.	0.	4,301.	23,995.	244,351.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

350.ORG ACTION FUND 26-1181604 Schedule J (Form 990) 2022 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 3: THE EXECUTIVE DIRECTOR IS PAID BY 350.ORG, A RELATED ORGANIZATION. 350.ORG USES THE FOLLOWING METHODS TO PAY THE EXECUTIVE DIRECTOR: COMPENSATION SUREVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

Employer identification number 26-1181604

350.ORG ACTION FUND	26-1181604
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNITED STATES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR	
TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FORMS ARE EMAILED TO ALL BOARD MEMBERS EACH YEAR. THE FORMS ARE	
RETURNED TO THE EXECUTIVE DIRECTOR AND FILED TOGETHER.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS GOVERNED THROUGH A COST	
SHARING AGREEMENT WITH 350.ORG, A 501(C)(3) ORGANIZATION, WHOSE BOARD OF	
DIRECTORS CONDUCTS AN ANNUAL REVIEW OF PERFORMANCE AND APPROVES EXECUTIVE	
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS	
SET FORTH IN IRC SECTION 6104(D).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROF. FEES:	
PROGRAM SERVICE EXPENSES 30,000.	
MANAGEMENT AND GENERAL EXPENSES 0.	

Name of the organization 350.ORG ACTION FUND		Employer identification number 26-1181604
FUNDRAISING EXPENSES	0.	
OTAL EXPENSES	30,000.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,000.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

350.ORG ACTION FUN)				26-1181604		
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct	(f) ect controlling entity	
Part II Identification of Related Tax-Exempt Organ	izations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	e or more related tax-exe	empt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
		loreign country)		501(c)(3))	,	Yes	No
350.ORG - 26-1150699 PO BOX 843004 BOSTON, MA 02284	BUILDING A GLOBAL GRASSROOTS MOVEMENT TO SOLVE THE CLIMAT CRISIS	DELAWARE	501(C)(3)	LINE 7	N/A		x
				,	<u></u>		
	The state of the s	T T T T T T T T T T T T T T T T T T T	1	1	1	1	1

		O I - t - 'f th t'	IIX/II F 000	Deat IV Barrott Income State	and the second of the second of the second
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
Part III	organizations treated as a partnership during the tax year.		•	, ,	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate ations?	Code V-UBI amount in box	General of managin partner?	Percentage ownership
		country)		sections 512-514)		uosets	Yes	No	K-1 (Form 1065)	Yes N	o

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

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

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

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

b Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)				1c		Х		
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		х		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		Х		
i Exchange of assets with related organization(s)				1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
I Performance of services or membership or fundraising solicitations for related of						X		
m Performance of services or membership or fundraising solicitations by related or				1m		Х		
n Sharing of facilities, equipment, mailing lists, or other assets with related organi	ization(s)			1n		X		
Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses				1p		х		
q Reimbursement paid by related organization(s) for expenses				1q	Х			
				1r		X		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	is line, including covered relati	onships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved				
1)								
2)								
3)								
4)								
5)								
<u>)</u>			Schedul	ъ D /Га::::	- 000) 0000		
32163 09-14-22					11 441	11 ZUZZ		

Schedule R (Form 990) 2022 350.ORG ACTION FUND 26-1181604 Page 4

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

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

(a)	(b)	(c)	(d)	(e) (f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ners sec. Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated, 50	ners sec. Share of total	end-of-year	allocations	amount in box 20	partner?	ownership
		country)	sections 512-514)	No income	assets	Yes No	(Form 1065)	Yes No	
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 350, ORG ACTION FUND 26-1181604 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 843004 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02284-3007 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 Form 990-T (corporation) 07 RUSHINA VIPANI Telephone No. ▶ (518) 635-0350 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box AUGUST 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2022 SEP 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

3b

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