	000	
Form	330	

#### EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** . Inspection

Departm	ent of	the Tr	easury
Internal I	Reveni	ie Ser	vice

AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c a	Check if pplicab	CENTER FOR COMMUNITY ACTION AND		D Employer identific	ation number
	Addre	ENVIRONMENTAL JUSTICE			
	Name Chang			33-056208	32
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	PO BOX 33124		(951)360-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	961,162.
	Amen	RIVERSIDE, CA 92519		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer: ANA GONZALEZ		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527		list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1978 N	State of legal domicile: CA
FC	art I	Summary	ים זים ד		מגזה הנדיי
e	1	Briefly describe the organization's mission or most significant activities: <u>CCAEC</u> THE KEY TO EFFECTIVELY SOLVING COMMUNITY			
Activities & Governance					
/ern		Check this box if the organization discontinued its operations or dispos		1 1	ets. <b>7</b>
ğ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·····	7
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Total number of individuals employed in calendar year 2023 (Part V, line 1b)			15
ties	6	Total number of volunteers (estimate if necessary)			10
ži	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,625,046.	961,162.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,625,046.	961,162.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	472,314.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		743,015.	698,303.
en se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 101, 40		000 640	<b>E</b> 40, 664
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		298,640.	543,664.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,041,655.	1,714,281.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		1,583,391.	-753,119.
ts or				ginning of Current Year 3,125,369.	End of Year 2,281,727.
Net Assets (	20	Total assets (Part X, line 16)		262,947.	172,424.
let A	21	Total liabilities (Part X, line 26)		2,862,422.	2,109,303.
	art II	Net assets or fund balances. Subtract line 21 from line 20		4,004,444.	4,109,303.
		alties of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
Here	ANA GONZALEZ, EXECUTIVE D	IRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN			
Paid	ROMA SCOTT	ROMA SCOTT			self-employed P01368086			
Preparer	Firm's name EADIE AND PAYNE,	LLP			Firm's EIN 95-1754234			
Use Only	Firm's address P.O. BOX 1529							
	RIVERSIDE, CA 925	02-1529			Phone no. (951)241-7811			
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No			
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CENTER FOR COMMUNITY ACTION AND
	990 (2023) ENVIRONMENTAL JUSTICE 33-0562082 Page 2
Par	t III 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: CCAEJ DEVELOPED THE BELIEF THAT THE KEY TO EFFECTIVELY SOLVING
	COMMUNITY PROBLEMS LIES IN BRINGING THE DIVERSE SEGMENTS OF THE
	COMMUNITY TOGETHER IN ONE STRONG VOICE BY UTILIZING THE SKILLS,
	TALENTS, AND KNOWLEDGE OF EACH COMMUNITY MEMBER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,348,531. including grants of \$ 472,314. ) (Revenue \$ )
	GOODS MOVEMENT/HEALTHY COMMUNITIES CAMPAIGN
	OVER THE PAST SEVERAL YEARS, OUR GOODS MOVEMENT CAMPAIGN HAS CONTINUED
	ITS WORK TO PROVIDE SUPPORT, TRAINING, AND INFORMATION TO COMMUNITIES
	STRUGGLING WITH THE DEVASTATING PUBLIC HEALTH EFFECTS OF AIR POLLUTION
	CAUSED BY THE GOODS MOVEMENT INDUSTRY - RAILROADS, INTER-MODAL
	FACILITIES, AND DIESEL TRUCKS THAT ORIGINATE AT THE PORTS OF LOS ANGELES (THE SINGLE LARGEST PORT COMPLEX IN THE NATION). WE ARE
	ACTIVELY ADVOCATING FOR ZERO EMISSION SOLUTIONS FOR THE REGION. IN
	ADDITION, WE ARE ALSO ADVOCATING FOR LAND USE POLICIES THAT PRIORTIZE
	COMMUNITY HEALTH OVER INDUSTRY AND THAT OFFER ADEQUATE BUFFERS BETWEEN
	INDUSTRIAL PROJECTS, SCHOOLS, AND HOMES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
÷υ	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,348,531.
	Form <b>990</b> (2023)
332002	12-21-23 <b>2</b>

Part IV Checklist of Required Schedules								
Form 990 (202								
	CENTER FOR COMMUNITY ACTION A	ND						

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<b>•</b>		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<b></b>		
10	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, VII, 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.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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		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?			
	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		X
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u> </u>
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		<u> </u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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 domestic approximation of the second secon		x	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		(2023)
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# CENTER FOR COMMUNITY ACTION AND Form 990 (2023) ENVIRONMENTAL JUSTICE Part IV Checklist of Required Schedules (continued)

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			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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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? <i>If</i>			
	"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? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		
32		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
	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		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?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	Б			

#### CENTER FOR COMMUNITY ACTION AND

Form	990 (2023) ENVIRONMENTAL JUSTICE		33-0562	082	Р	age <b>5</b>
Par	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	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X
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 A	ccoun	ts (FBAR).			
	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 transa			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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
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 ser	vices p	rovided to the payor?	7a		X X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•				
	to file Form 8282?			7c		X
	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		t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:		I			
	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:		I			
	Gross income from members or shareholders	<u>11a</u>				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	2	10-		
			<u> </u>	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D.	organization is licensed to issue qualified health plans	13b	I			
~	Enter the amount of reserves on hand	130 13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u> </u>
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		x
10	If "Yes," complete Form 4720, Schedule O.		ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r		aye •
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	110 1	oopon	00
	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 1a 7		100	110
iu	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer director tructor or low employee	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
5		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
- <del>-</del> 5		5		X
		6		X
6 70	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	0		
7a		70		x
<b>h</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
D		76		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0.0	Х	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b			- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 21
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	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			
	taxable entity during the year?	16a		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANA GONZALEZ - (951)360-8451			
	3840 SUNNYHILL DRIVE, JURUPA VALLEY, CA 92509			
332006	) 12-21-23	Form	990	(2023)
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Form 990 (2023)

Page **6** 

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Form 990 (2	2023)	ENVIRONM	IENTAL	JUSTICE			33-0
Part VII	Compensation	of Officers,	Directors	, Trustees,	Key Employees,	Highest	Compensated
	Employees an	d Independe	nt Contra	otore			

#### 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.

• 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.

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

(A) Name and title	<b>(B)</b> Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer		Highest compensated shart. 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) ANA GONZALEZ EXECUTIVE OFFICER	40.00			x				108,829.	0.	0.
(2) MARLA MATIME	2.00		-	<u> </u>		-		100,029.	0.	0.
PRESIDENT	2.00	x		x				0.	0.	0.
(3) MARIA LUM	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(4) DEAN MAYORGA	2.00									
SECRETARY/TREASURER		х						0.	0.	0.
(5) KAREEM GONGORA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GRACIE TORRES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MITZI ARCHER	1.00									_
BOARD MEMBER		х						0.	0.	0.
332007 12-21-23		I								Form <b>990</b> (2023)

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Form 990 (2023)

Sector 2002 (2003)         ENVIRONMENTAL JUSTICE         33-0-55202         Page 8           Part VII Sector A, Unceton, Trutese, Kyr Employee, and Highest Componential Employees, (2004)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2)         (2		CENTER FO					CI	'IO	N	AND	22.01		00	<b>_</b> 0
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c       Total from continuation sheets to Part VII, Section A       0.0000       0.0000         d       Total (add lines 1b and 1c)       0.0000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual       Yes       No         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)	1b :	Subtotal		•						108,829.		0.		0.
d Total (add lines tb and 1c)       108,829.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual sited on line 1 a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (c)         (A)       (B)       (C)       Compensation         (A)       (B)	c ·									0.		0.		0.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from my unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       5       X         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2       2										108,829.		0.		0.
compensation from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest address       NONE       Description of services       Compensation         1       Complete organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Compensation         1       Complete address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4	2							e) wh	o re	eceived more than \$100,	000 of reportable			
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a, receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest address       NONE       Description of services       Compensation         1       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2														1
and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000?       Image: Complete Schedule J for such individual for services and related organization?       Image: Complete Schedule J for such individual for services and related organization?       Image: Complete Schedule J for such individual for services and related organization?       Image: Complete Schedule J for such individual for services and related organization?       Image: Complete Schedule J for such person       Image: Complete Schedule J for such person<													١	/es No
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li></ul>	3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on			
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li></ul>	1	ine 1a? If "Yes." complete Schedule J for su	ich individual								-		3	X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         (A)       Description of services       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2		•												
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         1       Contained pendent contractors (including but not limited to those listed above) who received more than       Understand       Understand													4	X
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       I       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete this table of provide the contractors (including but not limited to those listed above) who received more than       Image: Complete the contractors (including but not limited to those listed above) who received more than       Image: Complete the contractors (including but not limited to those listed above) who received more than												····		
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0													5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation														
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation	1 (	Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	acto	rs tł	nat received more than \$	100,000 of comp	ensat	ion fron	<u>ו</u>
(A) Name and business address       (B) Description of services       (C) Compensation         Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensat														
Name and business address     NONE     Description of services     Compensation													(C)	
		Name and business	address	NC	ONE	Ξ				Description of s	ervices	C		
				ot lin	niteo	d to		•	ted	above) who received mo	ore than			

Form 990 (2023)

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Form 990 (2023)

#### CENTER FOR COMMUNITY ACTION AND ENVIRONMENTAL JUSTICE

Ра	rτ ۱	/111	_					
			Check if Schedule O contains a response or	note to any line	e in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
s, ( Am			Fundraising events 1c					
Gifi Iar			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and	c1 1 c0				
the				61,162.				
utro Dd C		-	Noncash contributions included in lines 1a-1f		0.61 1.60			
<u>a Č</u>		h	Total. Add lines 1a-1f		961,162.			
			E	Business Code				
ice	2	а						
ervi		b						
n S ent		С						
Jev		d						
Program Service Revenue		е						
Δ.			All other program service revenue					
	-		Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest,	·				
			other similar amounts)					
	4		Income from investment of tax-exempt bond prod	F				
	5		Royalties	(ii) Personal				
	~	_						
	0		Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
	7		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
	'	d	assets other than inventory <b>7a</b>					
		h	Less: cost or other basis					
e		D	and sales expenses					
nuə		c	Gain or (loss)					
Revenue			Net gain or (loss)					
ъ	8		Gross income from fundraising events (not					
Oth	•		including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
ß			E	Business Code				
e e	11	а						
ane		b						
Sell		с						
Miscellaneous Revenue			All other revenue					
-		е	Total. Add lines 11a-11d			-	-	
	12		Total revenue. See instructions		961,162.	0.	0.	0.
33200	9 12	-21-	23					Form <b>990</b> (2023)

10

	ion 501(c)(3) and 501(c)(4) organizations must comple			npiete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	<u>(</u> D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		1
	and domestic governments. See Part IV, line 21	472,314.	472,314.		
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	108,829.	32,649.	43,531.	32,64
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	455,835.	312,573.	107,447.	35,81
в	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	83,225.	50,882.	22,252.	10,09
)	Payroll taxes	50,414.	30,822.	13,480.	<u>   10,09</u> 6,11
1	Fees for services (nonemployees):			-	
а					
b		28,352.	21,264.	5,316.	1,77
с	Accounting	19,000.	14,250.	3,562.	<u>    1,77</u> 1,18
d					
e					
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)	83,171.	62,379.	15,594.	5,19
2	Advertising and promotion	32,669.	9,397.	23,272.	
3	Office expenses	17,539.	15,275.	2,264.	
4	Information technology	•	,	,	
5	Royalties				
6	Occupancy	37,366.	35,484.	1,882.	
7	Travel	54,368.	40,776.	10,194.	3,39
3	Payments of travel or entertainment expenses				- /
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	1,787.	1,340.	335.	11:
1	Payments to affiliates		,		
2	Depreciation, depletion, and amortization	26,599.	19,950.	4,987.	1,66
3	Insurance	19,599.	14,699.	3,675.	1,22
ł	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		188,265.	188,265.		
b	UTILITIES	34,949.	26,212.	6,553.	2,18
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,714,281.	1,348,531.	264,344.	101,40
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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332010 12-21-23

Check here

Form 990 (2023)

Form **990** (2023)

14461114 600349 90985.000

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

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	990	(2020)	

#### CENTER FOR COMMUNITY ACTION AND ENVIRONMENTAL JUSTICE

	990 (2		<u>JUSTIC</u>	E		<u>33-(</u>	0562082 Page <b>11</b>
Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,088,563.	1	2,002,214
	2	Savings and temporary cash investments				2	1,350
	3	Pledges and grants receivable, net			9,537.	3	9,537
	4	Accounts receivable, net			750,000.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial contrik	outor, or 35%			
		controlled entity or family member of any of these	e persons			5	
	6	Loans and other receivables from other disqualifi	ied persons	(as defined			
		under section 4958(f)(1)), and persons described	in section 4	958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	167
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	583,705. 315,246.			
	b	Less: accumulated depreciation			277,269.	10c	268,459
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2 105 200	15	0 001 707
	16	Total assets. Add lines 1 through 15 (must equa			3,125,369. 262,947.	16	2,281,727
	17	Accounts payable and accrued expenses			202,94/.	17	172,424
	18	Grants payable				18	
	19 00	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to any current or forme trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat		ties		22	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		·		25	
	26	Total liabilities. Add lines 17 through 25			262,947.	26	172,424
		Organizations that follow FASB ASC 958, check	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,839,922.	27	2,109,303.
Bal	28	Net assets with donor restrictions			22,500.	28	0.
nd		Organizations that do not follow FASB ASC 95	58, check he	ere 🗌			
Γ		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment fun	d		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or oth	er funds		31	
Net	32	Total net assets or fund balances			2,862,422.	32	2,109,303.
	33	Total liabilities and net assets/fund balances			3,125,369.	33	2,281,727. Form <b>990</b> (2023

Form **990** (2023)

332011 12-21-23

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	990 (2023) ENVIRONMENTAL JUSTICE	33-03	02082	Pag	ge IZ
Pa	t 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	961	,10	<u>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,714		
3	Revenue less expenses. Subtract line 2 from line 1	3	-753	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,862	, 42	22.
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	2,109	, 30	<u>)3.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	ona			
	Separate basis, consolidated basis, or both.				
h			2b		х
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	6 64313,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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 Sch				
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 requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

(Fc Depa Interr	rtment of al Rever	f the Treasury nue Service	Co	omplete if the organ 494 At Go to www.irs.gov/	rity Status an ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instruction	(c)(3) orga ritable tru rm 990-E ns and the	anization o st. Z.	or a section		OMB No. 1545-0047 <b>2023</b> Open to Public Inspection
Nan	ne of t	the organization			MUNITY ACTION	I AND				identification number
		D		RONMENTAL						3-0562082
Pa	rt I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The 1 2 3 4	organ	A church, cor A school deso A hospital or	nvention of chu cribed in <b>sect</b> i a cooperative	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	For lines 1 through 12, cl on of churches described Attach Schedule E (Form anization described in <b>se</b> njunction with a hospital	in <b>sectio</b> 1 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,
5		section 170(	on operated fo b)(1)(A)(iv). (C	Complete Part II.)	llege or university owned				nit describe	ed in
6 7	X	An organization section 170(I	on that norma <b>b)(1)(A)(vi).</b> (C	lly receives a substan omplete Part II.)	nental unit described in standing to the second standard of its support fr	om a gove			ne general p	public described in
8 9		An agricultura	al research org	anization described	(1)(A)(vi). (Complete Parl in section 170(b)(1)(A)(i ulture (see instructions).	ix) operate	-		-	-
10		activities relation	ed to its exem nrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
11 12		An organization	on organized a supported org	and operated exclusi ganizations describe	vely to test for public saf vely for the benefit of, to d in <b>section 509(a)(1)</b> o f supporting organizatior	perform ti r <b>section</b> \$	ne functio 5 <b>09(a)(2)</b> .	ns of, or to ca See <b>section</b>	509(a)(3). (	
a		the support	ed organizatio	-	upervised, or controlled l gularly appoint or elect a ections A and B.	• • • •	-			
b		control or n	nanagement o	-	or controlled in connect anization vested in the sa Sections A and C.			-		-
c		_ its supporte	ed organization	n(s) (see instructions)	g organization operated ). <b>You must complete F</b> porting organization oper	Part IV, Se	ctions A,	D, and E.		
U		that is not f	unctionally int	egrated. The organiz	ation generally must sati nplete Part IV, Sections	isfy a distr	bution rec	uirement and		
e f			integrated, or	Type III non-function	written determination from nally integrated supporting	ng organiz	ation.		II, Type III	[]
c				about the supporte						
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount or	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1911532.	1421440.	1119670.	2625046.	961,163.	8038851.
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	1911532.	1421440.	1119670.	2625046.	961,163.	8038851.
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.						8038851.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1911532.	1421440.	1119670.	2625046.	961,163.	8038851.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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.)						
11	Total support. Add lines 7 through 10						8038851.
12		-				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and <b>stop</b>						
	ction C. Computation of Publi		-				100 00
	Public support percentage for 2023 (I		•				100.00 %
	Public support percentage from 2022						<u>100.00 %</u>
16a	<b>33 1/3% support test - 2023.</b> If the d						37
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c						
4-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
1-	meets the facts-and-circumstances te	-		• • • •		To and line 1E is t	
a	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization		•				
18	i mate roundation. In the organizatio			a, 100, 17a, 01 170	, CHECK THIS DUX AI		(Form 990) 2023
						Solicule A	

Schedule A (Form 990) 2023

Part II

Organizations Described in Section 500(a)(2)
ENVIRONMENTAL JUSTICE
CENTER FOR COMMUNITY ACTION AND

#### Schedule A (Form 990) 2023 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17						%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the						line 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		<u></u>
33202	23 12-21-23		16	5		Schee	dule A (Form 990) 2023

1

2

Yes No

#### Schedule A (Form 990) 2023 ENV: 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.
- 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.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

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Pa	t 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 year (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 ins	truction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

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3b | Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.					
All other Type III non-functionally integrated supporting organizations mu					
Section 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				
Section 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):					
a Average monthly value of securities	1a				
<b>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors					
(explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
<ul> <li>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</li> </ul>	5				
<ul><li>6 Multiply line 5 by 0.035.</li></ul>	6				
<ul> <li>7 Recoveries of prior-year distributions</li> </ul>	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section 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 integrated	Type III supporting orga	nization (see		

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Sche	Schedule A (Form 990) 2023         ENVIRONMENTAL JUSTICE         33-0562082         Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Ye	ar		
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	3	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions ( <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	e organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	(1)		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	;	(iii) Distributab Amount for 2			
_1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
<u>    i</u>	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
с	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

332027 12-21-23

Oshadada A	(5	CENTER F ENVIRONM				AND	33-0562082 Page 8
Part VI	(Form 990) 2023 <b>Supplemental Inform</b> Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>mation.</b> Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the expla , 5a, 6, 9a, t IV, Sectio	nations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, I 1b, and 11c; I 2a, 2b, 3a, and	Part IV, Section B, lin d 3b; Part V, line 1; P	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
332028 12-21-2	23			21			Schedule A (Form 990) 2023

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	n.

2023

Employer identification number

#### CENTER FOR COMMUNITY ACTION AND

ENVIRONMENTAL JUSTICE

33-0562082

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**

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**

X 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* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

		Employer identification number		
	R FOR COMMUNITY ACTION AND ONMENTAL JUSTICE		33	-0562082
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	าร	(d) Type of contribution
1	THE SOLUTION PROJECT 4096 PIEDMONT AVENUE #728, OAKLAND, CA 94611	\$50,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
2	IMPACT ASSETS 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	\$103,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	าร	(d) Type of contribution
3	CEJA 6325 PACIFIC BLVD, SUITE 300 HUNTINGTON PARK, CA 90255	\$168,0	<u>56.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
4	LIBERTY HILL FOUNDATION 1001 WILSHIRE BLVD PMB 2170 LOS ANGELES , CA 90017	\$215,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
5	SAFE ROUTES TO SCHOOL 12587 FAIR LAKES CIRCLE #251 FAIRFAX, VA 27187	\$42,2	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
6	HOPPER DEAN FOUNDATION P.O. BOX 2708 MONELO PARK, CA 94026	\$50,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

14461114 600349 90985.000

Schedule B (Form 990) (2023)

	B (Form 990) (2023)			Page <b>2</b>
			Emplo	yer identification number
	R FOR COMMUNITY ACTION AND ONMENTAL JUSTICE		22	-0562082
			55	-0302002
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	15	Type of contribution
7	CARB COMMUNITY AIR GRANT			Person X
				Payroll
	<u>1001 I ST</u>	\$ 237,9	58.	Noncash
	SACRAMENTO, CA 95814			(Complete Part II for noncash contributions.)
				,
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
				Person
				Payroll
		\$		Noncash
				(Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal santikutia		(d)
No.	Name, address, and ZIP + 4	Total contribution	15	Type of contribution
				Person
				Payroll
		\$		Noncash (Complete Part II for
				noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributio	าร	Type of contribution
				Person Payroll
		\$		Noncash
				(Complete Part II for noncash contributions.)
	·			
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
				Person
				Payroll
		\$		Noncash
				(Complete Part II for noncash contributions.)
(2)	(b)	(c)		(d)
(a) No.	(D) Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
				Person Payroll
		\$		Noncash
				(Complete Part II for
				noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

14461114 600349 90985.000

	ONMENTAL JUSTICE		33-0562082
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

Page 3

#### 14461114 600349 90985.000

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)				Page <b>4</b>		
Name of o	organization				Employer identification number		
CENTE	R FOR COMMUNITY ACTION A	AND					
	ONMENTAL JUSTICE				33-0562082		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				hat total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,00	0 or less for the	e year. (Enter this info.	once.) \$		
	Use duplicate copies of Part III if additional s	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
		(e) Transfer o	of gift				
			•				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
(a) No.							
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd <b>ZIP</b> + 4	Re	elationship of tra	ansferor to transferee		
		[					
(a) No.							
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
		(e) Transfer o	of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
		[					
(a) No.							
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
					<b>. .</b>		
323454 12-26	6-23				Schedule B (Form 990) (2023)		

SCHEDULE D (Form 990)		Supplementa	OMB No. 1545-0047			
		Complete if the orga	2023			
Department of the Treasury		A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public		
Interna	Revenue Service		0 for instructions and the latest information			
Nam	e of the organization	CENTER FOR COMMUNIT		Employer identification number 33-0562082		
Pa	t I Organizati		d Funds or Other Similar Funds or A			
		answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end	of year				
2	Aggregate value of co	ontributions to (during year)				
3	Aggregate value of g	rants from (during year)				
4		nd of year				
5	-		writing that the assets held in donor advised fu			
<u> </u>			exclusive legal control?			
6	•	<b>u</b> , , , , , , , , , , , , , , , , , , ,	dvisors in writing that grant funds can be used r donor advisor, or for any other purpose conf	•		
	impermissible private					
Pa		ion Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.		
1		vation easements held by the organizatio				
	Preservation of	f land for public use (for example, recrea	tion or education) Preservation of a hi	istorically important land area		
	Protection of n	atural habitat	Preservation of a ce	ertified historic structure		
	Preservation of	• •				
2	-	rough 2d if the organization held a qualif	ied conservation contribution in the form of a			
	day of the tax year.			Held at the End of the Tax Year		
b	•		ucture included on line 2a			
c h		ion easements included on line 2c acqui				
u		•		2d		
3			eased, extinguished, or terminated by the orga			
	year					
4		ere property subject to conservation eas				
5			iodic monitoring, inspection, handling of			
		cement of the conservation easements it				
6	Staff and volunteer h	ours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year		
7	Amount of expenses	-	lling of violations, and enforcing conservation	accompany during the year		
'	Amount of expenses	incurred in monitoring, inspecting, hand		easements during the year		
8	Does each conservat	— ion easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(E	3)(i)		
	and section 170(h)(4)	(B)(ii)?		Yes No		
9	In Part XIII, describe		on easements in its revenue and expense state			
	balance sheet, and in	nclude, if applicable, the text of the footn	ote to the organization's financial statements	that describes the		
Der	organization's accou	nting for conservation easements.		Cimilar Acceto		
Pa			Art, Historical Treasures, or Other	Similar Assets.		
		e organization answered "Yes" on Form				
Ia	U U		8, not to report in its revenue statement and b plic exhibition, education, or research in furthe			
			ncial statements that describes these items.			
b			8, to report in its revenue statement and balar	nce sheet works of		
			exhibition, education, or research in furtherar			
	provide the following	amounts relating to these items.				
	(i) Revenue include	d on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X\$					
2				n, provide		
-	-	s required to be reported under FASB A	-	¢		
		uction Act Notice, see the Instructions				
	1 09-28-23					
100	27					

<sup>14461114 600349 90985.000</sup> 

		FOR COMMUNI		N AND				<		•
		MENTAL JUST					33-05			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical	reasures,	or Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply).	on, and other records	s, check any of t	ne following th	at make s	significant u	ise of its			
а	Public exhibition	d	Loan or	exchange prog	Iram					
b	Scholarly research	e								
c	Preservation for future generations	-								
4	Provide a description of the organization's co	lections and explain	how they furthe	r the organizat	tion's exe	mot ouroos	e in Part	XIII		
5	During the year, did the organization solicit o							/		
Ŭ	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang							_		
	reported an amount on Form 990, Par				103 011	10111-000,	i arciv, ii	10 0, 01		
12	Is the organization an agent, trustee, custodi		liary for contribu	ions or other a	assets not	tincluded				
Ia		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						∟		L	
b		and complete the for	iowing table.					Amount		
-	Decision belonce					10		, arround		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance					<b>1</b> f		7		
	Did the organization include an amount on Fo					lity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds</b> Complete if							(-) [		haali
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three y		(e) Four		
	Beginning of year balance	22,500.	38,75		90,237.	1	14,994.			244.
b	Contributions	237,958.	22,50	0. 9	95,580.			1,	275,	011.
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	260,458.	38,75	0. 1,0	47,067.	1	14,994.	1,	227,	261.
f	Administrative expenses									
	End of year balance		22,50	0.	38,750.		90,237.		114,	994.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. columr	(a)) held as:						
а	Board designated or quasi-endowment	.0000	%							
b	Permanent endowment .0000	%								
c	Term endowment .0000									
•	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse		tion that are held	l and administ	ered for t	he				
ou	organization by:	ssion of the organiza	tion that are not					Г	Yes	No
	(i) Unrelated organizations?							3a(i)		
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organiza	tiona listad op roguir						3a(ii)		
D				۹۲				3b		
4 Dar	t VI Land, Buildings, and Equipm		wment tunds.							
I UI	Complete if the organization answere		Part IV line 11	Soo Form OC	0 Dort V	lino 10				
								( ) = .		
	Description of property	(a) Cost or o		ost or other	1		d	(d) Book	valu	е
		basis (investr	Da Da	sis (other)	_	epreciation		<b>F</b> 1		<u> </u>
	Land			<u>51,500.</u>	_	226.05	70		<u> </u>	00.
	Buildings			125,747.	•	236,27	/0.	188	,4	77.
	Leasehold improvements									
d	Equipment			LO6,458.	•	78,97	/6.	27	, 4	82.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X <u>, line 10c, colu</u>	<u>тп (В))</u>				268	, 4	59.
						:	Schedule	D (Form	990)	2023

### CENTER FOR COMMUNITY ACTION AND

	AL JUSTICE	3	3-0562082 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(6)			
(9)			
(9) iotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 990, part X, line 15, column (b) must equal Form 900, part X, line 15, column (b) must equal Form 900, part 40, column (b) must equal Form 900, part 40, column (b) must equal Form 900, part 40, column (b) mu	Description		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	Description		
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes"	Description		25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability	Description		
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		25.
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		25.
(9) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
(9)           Other Assets           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c)           (1)         (2)           (3)         (1)           (2)         (2)           (1)         (2)           (3)         (1)           (1)         (2)           (3)         (1)           (1)         Federal income taxes           (2)         (3)           (4)         (4)	Description		25.
(9) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
(9)           Other Assets           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) must equal Form 990, Part X, line 15, column (c)           (1)         (2)           (3)         (1)           (2)         (2)           (1)         (2)           (3)         (1)           (1)         (2)           (3)         (1)           (1)         Federal income taxes           (2)         (3)           (4)         (4)	Description		25.
(9)           Other Assets           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, line (b)	Description		25.
(9)           Other Assets           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities           Complete if the organization answered "Yes"           (6)           (7)           (8)           (9)           Other Liabilities           Complete if the organization answered "Yes"           (1)           (2)           (3)           (4)           (5)           (6)           (1)           Federal income taxes           (2)           (3)           (4)           (5)           (6)	Description		25.
(9)           Other Assets           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities           Complete if the organization answered "Yes"           (6)           (7)           (8)           (9)           Other Liabilities           Complete if the organization answered "Yes"           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)           (7)	Description		25.

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) 2023

332053 09-28-23

CENTER FOR	COMMUNITY	ACTION	AND
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Sche	dule D (Form 990) 2023 ENVIRONMENTAL JUSTICE		33-0562082 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

Part XIII Supplemental Information

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

332054 09-28-23

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Name of the organization       CENTER FOR COMMUNITY ACTION AND ENVIRONMENTAL JUSTICE         Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 2							
recipient that received more than <b>1 (a)</b> Name and address of organization or government	65,000. Part II can t <b>(b)</b> EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOCAL AGRICULTURAL LAND FOUNDATION 7511 EUCALYPTUS AVE ONTARIO, CA 91762 THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST., 12TH FLOOR - OAKLAND, CA 94607	33-0392136 94-3067788		250,000.	0.			FARM RELOCATION MITIGATION AIR QUALITY AND CLIMATE RESILIENCE
12TH FLOOR - OAKLAND, CA 94607	94-3067788		222,314.				
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> </ul>							

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

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

#### CENTER FOR COMMUNITY ACTION AND

Schedule I (Form 990) 2023

#### 90) 2023 ENVIRONMENTAL JUSTICE

33-0562082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT FUNDS ARE MONITORED BY STAFF WHO TRACK CASH PAYMENTS AND NON-CASH

ITEMS DISTRIBUTED TO, OR ON BEHALF OF, CLIENT

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.



ENVIRONMENTAL JUSTICE

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

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

CENTER FOR COMMUNITY ACTION AND

THE DIVERSE SEGMENTS OF THE COMMUNITY TOGETHER IN ONE STRONG VOICE. BY

UTILIZING THE SKILLS, TALENTS, AND KNOWLEDGE OF EACH COMMUNITY MEMBER

AND TAPPING INTO THE RESOURCES AND RELATIONSHIPS THAT ARE INHERENT

WITHIN EACH COMMUNITY THEY CAN IDENTIFY ISSUES, DEFINE SOLUTIONS

EFFECTIVELY ADVOCATE AND CREATE CHANGE. EACH COMMUNITY MEMBER BRINGS

THEIR OWN EXPERTISE AND TALENTS TO THE TABLE, COMBINING WITH OTHERS TO

FORM A STRONG COMMUNITY FORCE. HELPING INDIVIDUALS RECOGNIZE THEIR OWN

STRENGTHS, LEARN NEW SKILLS AND DEVELOP THE CONFIDENCE TO UTILIZE THEM

WITHIN A GROUP SETTING, DEFINES FOR US GRASSROOTS LEADERSHIP

DEVELOPMENT. THE BUILDING BLOCKS OF EVERY COMMUNITY LIE IN THE

RELATIONSHIPS AT THE NEIGHBORHOOD LEVEL. WE WORK TO ENABLE LOCAL

RESIDENTS TO BE THE AUTHORITIES WITHIN THEIR NEIGHBORHOODS.

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

COPY OF FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING.

DURING THE MEETING BOARD MEMBERS HAVE A CHANCE TO REVIEW, QUESTION AND

ULTIMATELY APPROVE THE INFORMATIONAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL CONFLICT OF INTEREST STATEMENT IS DISTRIBUTED TO EACH

OFFICER/DIRECTOR. THE ORGANIZATION ALSO PROVIDES TRAINING SEMINARS TO HELP

OFFICERS/DIRECTORS DETERMINE IF THERE IS A CONFLICT OF INTEREST FOR THE

CURRENT YEAR.

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

Schedule O (Form 990) 2023 Name of the organization CENTER FOR COMMUNITY ACTION AND	Page 2 Employer identification number
	33-0562082
EVERY THREE YEARS THE EXECUTIVE BOARD OF THE ORGANIZATION :	REVIEWS THE
SALARY SCALE FOR TOP MANAGEMENT, OFFICERS, DIRECTORS AND K	EY EMPLOYEES BY
USING COMPARABILITY DATA PROVIDED BY THE UNITED WAY SALARY	SURVEY FOR THE
INLAND VALLEY REGION.	
FORM 990, PART VI, SECTION C, LINE 19:	

THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS AVAILABLE BY APPOINTMENT. THESE DOCUMENTS CAN ALSO BE ACCESSED

THROUGH THE ORGANIZATIONS WEBSITE.

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FOR

FORM 99	RM 990 PAGE 10 990													
Asset No.	Description	Date Acquired	Method	Life	C o Lir n No v	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PRIOR YEAR ASSETS	12/31/22	SL	39.00	MM17	425,747.				425,747.	225,359.		10,910.	236,269.
2	PRIOR YEAR ASSETS	12/31/22	200DB	5.00	HY17	106,458.				106,458.	63,288.		15,689.	78,977.
3	PRIOR YEAR ASSETS	12/31/22	L			51,500.				51,500.			0.	
	* TOTAL 990 PAGE 10 DEPR					583,705.				583,705.	288,647.		26,599.	315,246.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# TAXABLE YEARCalifornia Exempt Organization2023Annual Information Return

199

0.	en deu Vee	. 000	) as fixed user having (and (all (as ))	mm/dd/aa	n ()					
	Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy)       , and ending (mm/dd/yyyy)       .         Corporation/Organization name       California corporation number									
			oration	number						
			OR COMMUNITY ACTION AND		1001	000	<b>`</b>			
			ENTAL JUSTICE	FE	1864	900	)			
Add	nuonai miorn	nation.	See instructions.			FCC	0.00			
	,				33-0 PMB no.	202	1082			
	et address (s				PIVIB NO.					
	) BOX	3.		01-1-	ZIP code					
City				State						
	IVERS			CA	9251					
For	eign country	name	Foreign province/state/county		Foreign p	ostal c	ode			
_	_									
Α	First retu		Yes X No I Did the organization have			-				
В	Amendeo									
С			947(a)(1) trust Yes X No J If exempt under R&TC Se							
D			on return? engaged in political activi			-				
	•	Disso								
			dd/yyyy) ● If "Yes," enter the gross r							
Е			ing method: (1) Cash (2) 🗴 Accrual (3) Other L Is the organization a limit	-			• Yes X No			
F			filed? (1) • $\bigcirc$ 990T (2) • $\bigcirc$ 990PF (3) • $\bigcirc$ Sch H ( 990) M Did the organization file F							
	. ,		990 series report taxable income?							
G			filing? See instructions Yes X No N Is the organization under	-						
Н				RS audited in a prior year? Yes 🚺						
	lf "Yes," v	what i	s the parent's name? <b>0</b> Is federal Form 1023/102				Yes X No			
			Date filed with IRS							
	artlo		late Dart Luniace not required to file this form. Can Cancel Information D and C							
-			lete Part I unless not required to file this form. See General Information B and C.							
			Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	00			
		2	Gross dues and assessments from members and affiliates	STMT	1 •	2	00 961,162 00			
		3		SIMI		3	901,102 00			
1	Receipts	4	Total gross receipts for filing requirement test. Add line 1 through line 3.		•	4	961,162 00			
	and	-	This line must be completed. If the result is less than \$50,000, see General Information B.				901,102 00			
F	evenues	5	Cost of goods sold <u>5</u> Cost or other basis, and sales expenses of assets sold <u>6</u>		00	1				
		6								
			Total costs. Add line 5 and line 6			7	961,162 <sub>00</sub>			
		8	Total gross income. Subtract line 7 from line 4		•	8	4 - 4 4 4 4 4 4			
E	xpenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	<u>1,714,281 00</u> -753,119 00			
		10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		-	10				
		11	Total payments			11 12	00			
		12	Use tax. See General Information K Payments balance. If line 11 is more than line 12, subtract line 12 from line 11				00			
		13	•			13	00			
P	ayments	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00			
		15				15	00			
_		Unde	Balance due. Add line 12 and line 15. Then subtract line 11 from the result er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	nts, and to the	e best of m	y know	ledge and belief,			
Się	in	it is t			knowledge					
Не	re	Sign	ature EXECUTIVE DIR	Date			Telephone			
		of of	ficer FIXECUTIVE DIR				● PTIN			
		Prep	arer's ► ROMA SCOTT	Check			P01368086			
п.	.a			361-61	self-employed		● Firm's FEIN			
Pa			sname purs, דאחדד אאה פאטאד ד.ד.פ				95-1754234			
	eparer's	if se					95-1754254 ● Telephone			
US	e Only		address RIVERSIDE, CA 92502-1529				(951)241-7811			
_		Max	the FTB discuss this return with the preparer shown above? See instructions		• X	٦.,	(951)241-7011			
		1 171/1/	THE FLID DISCUSS THIS TEALTH WITH THE DIEDATEL SHOWLL 200VEC SEE INSTRUCTIONS		■   Δ	I Yes				

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