

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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Part I - Id	entification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)				
Print						
	CENTER FOR ACTION AND CONTE	MPLAT	ION		85-035496	5
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ions.				
filing your return. See	PO BOX 12464					
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	ALBUQUERQUE, NM 87195-0464					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Application	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	-PF	04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
• After yo	u enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	only for an	extension of	
time to file	e Form 5330.					
• If this a	oplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Plai	n Name		-			
	n Number					
Plai	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The bo	ooks are in the care of MICHAEL POFFENBER	RGER				
	PO BOX 12464 - AI	BUQUE	RQUE, NM 87195-046	54		
Teleph	one No. <u>505-242-9588</u>		Fax No			
• If the c	organization does not have an office or place of business	in the Un				
	s for a Group Return, enter the organization's four-digit (heck this
box[If it is for part of the group, check this box					
1 Irea	quest an automatic 6-month extension of time until $$ $$ ${f N}$	OVEMBI	ER 15 , 20 24 , to fil	e the exem	npt organization retu	rn for
the	organization named above. The extension is for the orga	anization's	return for:			
	calendar year 20 23 or					
	tax year beginning	, 20	, and ending		. , 20)
					,	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter the	tentative tax. less			
	nonrefundable credits. See instructions.	,		3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and		· ·	
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				, ,	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
601				1 00	. т [.]	

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

Form 99	0
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047 23 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service

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Ar	or un	and and a second and and and and and and and and and a	enaing							
B c	Check if pplicab	c Name of organization	D Employer identifie	cation number						
	Addre	Address change CENTER FOR ACTION AND CONTEMPLATION								
	Name	e Doing business as	85-03549	65						
	Initial	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numbe	r					
	 return	PO BOY 12464	505-242-							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,111,294.					
	Amen return	ALBUQUERQUE, NM 87195-0464		H(a) Is this a group re	eturn					
	Applie distance	F Name and address of principal officer: MICIIAED FOFFENDERGI	ΞR	for subordinates						
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
11	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions					
<u>ا ا</u>	Nebsi	te: WWW.CAC.ORG		H(c) Group exemptio	n number					
KF	orm o	organization: 🗴 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year	of formation: 1987	A State of legal domicile: NM					
Pa	art I	Summary								
~	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$ (CENTER	FOR ACTION	AND					
Activities & Governance		CONTEMPLATION EXISTS TO AWAKEN A MORE LOV	ING WC	ORLD THROUGH	THE					
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as						
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10					
es é	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			51					
viti	6	Total number of volunteers (estimate if necessary)	6	11						
, Ctj	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
Ð	8	Contributions and grants (Part VIII, line 1h)		7,928,575.	8,321,613.					
Revenue	9	Program service revenue (Part VIII, line 2g)		879,909.	2,436,188.					
se č	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		217,819.	283,529.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,867,078.	864,377.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,893,381.	11,905,707.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,187,826.	1,334,461.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,801,276.	5,047,316.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 742,82		4 (00 505	1 600 466					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,620,525.	4,629,466.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,609,627.	11,011,243.					
	19	Revenue less expenses. Subtract line 18 from line 12		283,754.	894,464.					
Net Assets or				ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		15,140,493.	16,482,103.					
et A	21	Total liabilities (Part X, line 26)		923,324.	<u>1,189,531.</u> 15,292,572.					
	art II	Net assets or fund balances. Subtract line 21 from line 20		14,217,169.	13,494,374.					
			and states	anto and to the best of an						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and beller, it is					
crue,	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.						

Sign	Signature of officer		Date				
-	MICHAEL POFFENBERGER, EXE	CUTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	10/01/24 self-employed P01218925				
Preparer	Firm's name MOSS ADAMS LLP		Firm's EIN 91-0189318				
Use Only	ly Firm's address 6565 AMERICAS PARKWAY NE STE 600						
	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200						
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23	Form 990 (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) CENTER FOR ACTION AND CONTEMPLATION 85-0354965 Page 2 rt 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:
	THE CENTER FOR ACTION AND CONTEMPLATION INTRODUCES SPIRITUAL SEEKERS
	TO THE TRANSFORMATIVE WISDOM OF THE CHRISTIAN CONTEMPLATIVE TRADITION
	AND NURTURES ITS EMERGENCE IN SERVICE TO THE HEALING OF OUR WORLD.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$6,759,255 •including grants of \$1,334,461 •) (Revenue \$3,268,219 •]
44	(Code:) (Expenses \$6,759,255. including grants of \$1,334,461.) (Revenue \$3,268,219. CAC HAD SIGNIFICANT GROWTH ACROSS MULTIPLE PROGRAM AREAS IN 2023. CAC'S
	DAILY MEDITATION EMAILS REACHED OVER 457,000 DAILY, WEEKLY, AND MONTHLY
	SUBSCRIBERS BY THE END OF 2023. JUST UNDER 38,000 TEACHING PRODUCTS
	WERE DISTRIBUTED FROM THE RESOURCE CENTER. THE CAC PUBLICATIONS PROGRAM
	PUBLISHED TWO EDITIONS OF THE LITERARY JOURNAL ONEING, FOUR ISSUES OF
	THE DONOR PUBLICATION THE MENDICANT, DISTRIBUTED TO APPROXIMATELY
	42,000 RECIPIENTS QUARTERLY; AND SUPPORTED THE RELEASE OF TWO NEWLY
	REVISED BOOKS BY RICHARD ROHR ("FALLING UPWARD" AND "SILENT
	COMPASSION"). CAC'S PODCAST NETWORK REACHED A TOTAL OF 4,000,000
	DOWNLOADS ACROSS OUR SEVEN SHOWS. A TOTAL OF 7,765 PEOPLE STUDIED IN
	CAC'S ONLINE COURSES IN 2023 INCLUDING THE TOP COURSE, BREATHING UNDER
	WATER, WITH MORE THAN 1,500 STUDENTS. CAC'S TWO-YEAR FORMATION PROGRAM,
-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,759,255.
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,759,255. Form 990 (202
1e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,759,255.

Form 990 (2023)		-		AND	CONTEMPLATION
Part IV Checklist of F	Required Sc	hedule	es		

			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	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
•	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		<u></u>
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI	114		
	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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> </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	. –		37
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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	40		Х
10	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? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a 20b		- 23
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	x	
332003				2023)

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Form 990 (2						CONTEMPLAT
Part IV	Checklist of Re	equired Sc	hedule	es (continued))	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
-	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	0.51		v
~~	Schedule L, Part I	25b		<u> </u>
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%	00		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		<u></u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 88			
b	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	X	
332004	4 12-21-23	Form	990	(2023)

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	990 (2023) CENTER FOR ACTION AND CONTEMPLATION 85-0354	965	Р	age 5
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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
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 O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	
332005	12-21-23	Form	330	(2023)

332005 12-21-23

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CENTER FOR ACTION AND CONTEMPLATION

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		163	
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · ·		1		
-	officer, director, trustee, or key employee?		-	2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?		-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code)	. •	1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
~		• •	anniatos,	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 201010				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					
C		,		12c	х	
12	on Schedule O how this was done			120	X	
13 14	Did the organization have a written whistleblower policy?			13	X	-
14 15	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva	ii by ind	ependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
	The organization's CEO, Executive Director, or top management official			15a		v
a	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			10-		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40		
				16b		I
	exempt status with respect to such arrangements?					
Sec	exempt status with respect to such arrangements?					
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE				0.00	bla
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar				availal	ble
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed	nd 990- ⁻	T (section 501(c)(3):		availal	ble
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	nd 990- ⁻ n on Sch	T (section 501(c)(3): nedule O)	s only)		ble
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the sec	nd 990- ⁻ n on Sch	T (section 501(c)(3): nedule O)	s only)		ble
Sec 17 18 19	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	nd 990- ⁻ a on Sch nflict of	T (section 501(c)(3): nedule O) i interest policy, and	s only)		ble
Sec 17 18 19	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot	nd 990- ⁻ a on Sch nflict of	T (section 501(c)(3): nedule O) i interest policy, and	s only)		ble
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book MICHAEL POFFENBERGER	nd 990- ⁻ a on Sch nflict of	T (section 501(c)(3): nedule O) i interest policy, and	s only)		ble
Sec 17 18 19 20	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boot	nd 990- ⁻ a on Sch nflict of	T (section 501(c)(3): nedule O) i interest policy, and	s only) d financ		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• 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.

	T	T	mza			ipen	oun			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	In dividual trustee or director						the	organizations	compensation
	hours for	or dir	a			ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	e com		1099-NEC)		and related
	below	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	hul	lns	Offi	Key	en Ei	For			
(1) MICHAEL POFFENBERGER	55.00									
EXECUTIVE DIRECTOR				Х				156,525.	0.	13,662.
(2) TISHA FORD, MANAGING DIRECTOR	55.00									
OF PRODUCTION AND OUTREACH						X		149,867.	0.	13,162.
(3) CINDY KROLL, MANAGING DIRECTOR	55.00									
OF FINANCE AND BUSINESS ANALYTICS				Х				148,605.	0.	13,098.
(4) BEN KEESEY, DIRECTOR OF	55.00									
DEVELOPMENT & STRATEGIC PARTNERSHIPS						Х		123,567.	0.	20,926.
(5) CHRISTOPHER ZEZZA, MANAGING	55.00									
DIR., DIGITAL PRODUCTS & OPERATIONS						X		123,795.	0.	17,908.
(6) JESSICA JONES	55.00									
DIRECTOR OF OPERATIONS						X		123,741.	0.	15,684.
(7) BARBARA LOPEZ	55.00									
PROGRAMS DIRECTOR						X		120,200.	0.	4,806.
(8) CHRISTOPHER FEREBEE	10.00									
CHAIR		Х		Х				2,093.	0.	0.
(9) WALLY GOULET	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) DREW JACKSON	6.00									
SECRETARY (THRU MAY 2023)		Х		Х				0.	0.	0.
(11) HEIDI FRANKLIN	6.00									
SECRETARY		Х		Х				0.	0.	0.
(12) ROB GITTINGS	5.00									
TREASURER		Х		Х				0.	0.	0.
(13) EILEEN COOGAN	5.00									
DIRECTOR		Х						0.	0.	0.
(14) KELLY BURTON	5.00									
DIRECTOR		Х						0.	0.	0.
(15) BRANDON WRENCHER	5.00									
DIRECTOR		Х						0.	0.	0.
(16) JERI ECHART-QUEENAN	5.00									
DIRECTOR		Х						0.	0.	0.
(17) JOSEPHINE GARNEM	5.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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Part VII Section A. Officers, Directors, Trust	tees, Key Employees, and Highest C						compensated Employee	s (continued)					
(A) Name and title	(B) Average hours per week	(do box,		(C) Positi eck mo	ion ore tha on is b	an one ooth an	(D) Reportable compensation from	(E) Reportable compensation from related	Estir amo	(F) mated ount of ther			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	employee Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compe fror orgar and i	ensation m the nization related izations			
(18) SHERRI TAYLOR	5.00												
DIRECTOR		x					0.	0.	,	0.			
1b Subtotal							948,393.	0.	. 99	,246.			
c Total from continuation sheets to Part VII _d Total (add lines 1b and 1c)	, Section A						0. 948,393.	0.		0.			
2 Total number of individuals (including but no compensation from the organization							eceived more than \$100,	000 of reportable		12			
3 Did the organization list any former officer,	director, truste	e, k	ey en	nploy	yee,	or hig	phest compensated emp	loyee on		res No			
line 1a? If "Yes," complete Schedule J for suFor any individual listed on line 1a, is the su	m of reportable	e co	mpen	Isatio	on ai	nd otł	ner compensation from t	he organization	3	X			
 and related organizations greater than \$150 Did any person listed on line 1a receive or a 	ccrue compen	satio	on fro	m ar	ny ur	nrelat	ed organization or individ	dual for services		X X			
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or suc	<u>h pe</u>	ersor				5	A			
 Complete this table for your five highest con the organization. Report compensation for t 	•	•						•	ation from	1			
(A) Name and business	,						(B) Description of s		(C) Compens				
JUANITA RANGE DBA RANGE M							COACHING AND						
810 NW MARSHALL STREET SU	ITE 301	,	POR	TL	AN	D,	DEVELOPMENT		376	<u>,766.</u>			
JAMES FINLEY 15 GALLEON ST. #3, MARINA	DEL RE	Y,	CA	. 9	02	92	CONTRACTED F	ACULTY	197	<u>,591.</u>			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to th	nose 2	listed	above) who received mo	ore than					
									Form 9	90 (2023)			

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Га	rτv	/111	Check if Schedule O c			nse	or note to any line	e in this Part VIII			
				Sontan		1130		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1	b	Federated campaigns Membership dues Fundraising events		1b						3001013 012 014
Contributions, Gifts, Grants and Other Similar Amounts		d e	Related organizations	ibutior grants,	ns) 1d , and		8,321,613.				
Contribuant of the second seco		g h	similar amounts not included Noncash contributions included in Total. Add lines 1a-1f			3	96,253.	8,321,613.			
							Business Code				
ě	2	а	ONLINE COURSES				611710	1,673,402.	1,673,402.		
e vio		b	CONFERENCE REGISTRAT	FION	- WEBCAS	ST	611710	477,386.	477,386.		
Sei		с	LIVING SCHOOL REGISTRATION AND TU			U	611600	285,400.	285,400.		
Program Service Revenue		d									
og. B		е									
Pre		f	All other program service	revenu	ue						
			Total. Add lines 2a-2f					2,436,188.			
	3		Investment income (includ								
			other similar amounts)					279,230.			279,230.
	4		Income from investment of	of tax-e	exempt bo	nd p	roceeds				
	5		Royalties	. <u></u>				349,333.	349,333.		
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a	49,0	46.	360.				
		b	Less: cost or other basis								
e			and sales expenses	7b	45,1	07.	٥.				
ent		с	Gain or (loss)	7c	3,9	39.	360.				
Revenue			Net gain or (loss)					4,299.			4,299.
Other F	8		Gross income from fundraisir including \$	ng ever	nts (not						
			contributions reported on		-						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundra	aising even	its					
	9	а	Gross income from gamin	-							
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamin	g activities	s					
	10	а	Gross sales of inventory, I	ess re	turns						
			and allowances			10a	643,178.				
		b	Less: cost of goods sold			10b	160,480.				
		с	Net income or (loss) from	sales	of inventor	у		482,698.	482,698.		
6							Business Code				
ŝno	11	а	INSURANCE CLAIM REIN	MBURS	EMENT		900099	31,600.			31,600.
ane		b									
scellaneo Revenue		с									
Miscellaneous Revenue		d	All other revenue				900099	746.			746.
2			Total. Add lines 11a-11d					32,346.			
	12		Total revenue. See instruction					11,905,707.	3,268,219.	0.	315,875.
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CENTER FOR ACTION AND CONTEMPLATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	X
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	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				
-	and domestic governments. See Part IV, line 21	825,559.	825,559.		
2	Grants and other assistance to domestic		,		
	individuals. See Part IV, line 22	508,902.	508,902.		
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	345,683.	120,479.	211,803.	13,401.
6	Compensation not included above to disqualified	,		,	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	1050(-)(D)				
7	Other salaries and wages	3,832,967.	2,154,282.	1,440,331.	238,354.
8	Pension plan accruals and contributions (include	0,002,007			
5	section 401(k) and 403(b) employer contributions)	104,771.	54,696.	43.076.	6.999.
9	Other employee benefits	419,740.	220,285.	43,076. 172,471.	6,999. 26,984.
9 10	Payroll taxes	344,155.	191,092.	133,899.	19,164.
11	Fees for services (nonemployees):	544,1550	191,092.	100,000.	19,1040
	Management				
	-	51,356.	105.	51,251.	
		81,749.	105.	81,749.	
	Accounting	01,749.		01,745.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	26,104.		26,104.	
f	Investment management fees	20,104.		20,104.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,870,135.	1,023,431.	810,649.	36,055.
40	column (A), amount, list line 11g expenses on Sch O.)	157,408.	1,023,431.	157,408.	50,055.
12	Advertising and promotion	666,278.	393,634.	7,256.	265,388.
13	Office expenses	842,701.	638,984.	102,360.	101,357.
14	Information technology	175,886.	175,886.	102,300.	101,337.
15	Royalties	110,404.	74,967.	28,716.	6,721.
16		113,552.	71,815.	31,356.	10,381.
17	Travel	115,552.	/1,015.	51,550.	10,301.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	170,338.	100 045	40.090	1 201
19	Conferences, conventions, and meetings	1/0,330.	128,045.	40,989.	1,304.
20	Interest				
21	Payments to affiliates	12/ 700	71 10	56 220	7 2/0
22	Depreciation, depletion, and amortization	<u>134,728.</u> 49,313.	71,158.	<u>56,228.</u> 49,313.	7,342.
23		49,313.		49,313.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule O.)	05 755	E1 707	20 061	E 007
a	MAINTENANCE	95,755.	51,707.	38,961.	5,087.
b	MEALS AND ENTERTAINMENT	51,223.	32,463.	15,718.	3,042.
с	PROFESSIONAL DEVELOPMEN	23,837.	13,066.	9,527.	1,244.
d	PRODUCTION COSTS	8,699.	8,699.		
	All other expenses	11 011 040			740 000
<u>25</u>	Total functional expenses. Add lines 1 through 24e	11,011,243.	6,759,255.	3,509,165.	742,823.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000
33201	0 12-21-23	10			Form 990 (2023)

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	n 990 (/ rt X	2023) CENTER FOR ACTION AND CONTEMPLA Balance Sheet	TION	85-	0354965 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	755,187.	1	656,592.
	2	Savings and temporary cash investments	5,957,647.		2,651,532.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	118,490.	4	141,562.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	234,587.	8	229,249.
As:	9	Prepaid expenses and deferred charges	160,551.	9	451,488.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,613,021.			
	ь	Less: accumulated depreciation 10b 1,347,986.	1,309,335.	10c	1,265,035.
	11	Investments - publicly traded securities	6,550,715.	11	11,037,470.
	12	Investments - other securities. See Part IV, line 11		12	, , .
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	53,981.	14	49,175.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,140,493.	16	16,482,103.
	17	Accounts payable and accrued expenses	653,207.	17	561,689.
	18	Grants payable	•	18	
	19	Deferred revenue	270,117.	19	627,842.
	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	923,324.	26	1,189,531.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	14,056,051.	27	15,112,236.
Bal	28	Net assets with donor restrictions	161,118.	28	180,336.
pu		Organizations that do not follow FASB ASC 958, check here			
лщ.		and complete lines 29 through 33.			
s of	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	14,217,169.	32	15,292,572.
	33	Total liabilities and net assets/fund balances	15,140,493.	33	16,482,103.

Form **990** (2023)

Form	990 (2023) CENTER FOR ACTION AND CONTEMPLATION	85-	0354	965	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,90	5,7	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,01	1,2	43.
3	Revenue less expenses. Subtract line 2 from line 1	3				64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,21	7,1	69.
5	Net unrealized gains (losses) on investments	5		18	0,9	39.
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	15	, 29	2,5	72.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
					000	

Form **990** (2023)

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

		of the Treasury nue Service		At Go to www.irs.gov/	Open to Public Inspection					
Nam	e of	the organizati	on	-					Employer	identification number
		-		ER FOR ACT	ION AND CONTI	EMPLAT	LION		8	5-0354965
Pa	rt I	Reason			(All organizations must o			ee instruction		
1	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	\square				Attach Schedule E (Forn)(1/0())(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	\square						V6V4VAV;	::)		
4	\square				anization described in se				Viii) Entor	the hospital's name
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									the hospital s hame,
5		•		or the bonefit of a col	llege or university owned	l or oporat	od by a go	vorpmontal	nit doccribe	ad in
5		-	-	Complete Part II.)	lege of university owned	i or operat	eu by a gu			
6					aantal unit daaaribad in	anation 1	70/6//4//4/	(.)		
6				-	nental unit described in					e de la cuite e dire
7		-		-	ntial part of its support fr	rom a gove	ernmental	unit or from t	ne general p	Dudiic described in
•				Complete Part II.)						
8		•			(1)(A)(vi). (Complete Par	-			المسمية مسمع	
9					in section 170(b)(1)(A)(
		-	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10	X	university:			then 00 1/00/ of its summ					d awara waa into fuana
10		-		•	than 33 1/3% of its supp				-	•
					t to certain exceptions; a					
					(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	mer June 30, 1975.
				mplete Part III.)				0(-)(4)		
11	H	-	-	-	ively to test for public sa	•				
12		-	-		ively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box on
		7			f supporting organizatior					
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
_				complete Part IV, Se						
b					l or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_			st complete Part IV,						
с			-		g organization operated				lly integrate	ed with,
		7). You must complete I					
d			-		porting organization oper				-	
			-		zation generally must sat	-		-	an attentiv	/eness
		- ·	,	,	nplete Part IV, Sections	,				
е			•		written determination fro			Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
f		er the number	• •	•						
g		vide the follow (i) Name of supp	<u> </u>	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the ora:	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	'	organization			(described on lines 1-10	in your governi	ing document?	support (see i	-	support (see instructions)
		g	•		above (see instructions))	Yes	No			
				1	1					

Schedule A (Form 990) 2023	CENTER	FOR	ACTION	AND	CONTEMPLATION	85-0354965
Part II Support Schedule for	or Organiza	ations	Described	in Sec	ctions 170(b)(1)(A)(iv) a	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.)

Page **2**

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		(0) 2020			(0) 2020	(i) rotai
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	5						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		<u> </u>				
	Gross receipts from related activities,	-					
13	First 5 years. If the Form 990 is for th	-			-		
Sol	organization, check this box and stor						
	ction C. Computation of Public			a a lu usa (f))			0/
	Public support percentage for 2023 (I					14	<u>%</u>
15						15	%
168	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		-				
	and if the organization meets the fact			-	-	VI how the orga	nization
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test		-				
	more, and if the organization meets the						e
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		
						Schodulo	A (Form 990) 2023

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Schedule A (Form 990) 2023

CENTER FOR ACTION AND CONTEMPLATION 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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4945436.	6072064.	8423740.	7928575.	8321613.	35691428.
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	4208925.	3416903.	4359396.	2879989.	3428699.	18293912.
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						
6	Total. Add lines 1 through 5	9154361.	9488967.	12783136.	10808564.	11750312.	53985340.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	7,379.	2,600.	131,250.	104,191.	115,040.	360,460.
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						0.
c	Add lines 7a and 7b	7,379.	2,600.	131,250.	104,191.	115,040.	360,460.
	Public support. (Subtract line 7c from line 6.)	,	,		- , -		53624880.
Sec	tion B. Total Support				L		•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	9154361.	9488967.	12783136.	10808564.	11750312.	53985340.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	187,845.	179,174.	128,893.	218,205.	279,230.	993,347.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	187,845.	179,174.	128,893.	218,205.	279,230.	993,347.
11	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.)		43,236.	53,734.	394.	32,346.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	9342206.	9711377.	12965763.	11027163.	12061888.	55108397.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, [.]	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here			·····			
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, d	column (f))		15	<u>97.31 %</u>
	Public support percentage from 2022					16	<u>97.63 %</u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	1.80 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	1.68 %
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
33202	3 12-21-23					Schedule A	A (Form 990) 2023

¹⁷

1

2

Yes No

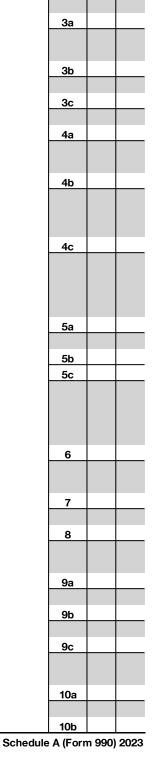
Part IV Supporting Organizations

(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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85-0354965 Page 5 CENTER FOR ACTION AND CONTEMPLATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons?

- a 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?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 Part VI 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,

upervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

Section 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		

Section 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmen

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

No Yes 2a 2b 3a 3b Schedule A (Form 990) 2023

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11a

11b

11c

2

1

Yes No

Yes No

Sche	dule A (Form 990) 2023 CENTER FOR ACTION AND			85-0354965 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	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		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

Schedule A (Form 990) 2023

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instructions).

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		TION AND CONTEN			5-0354965 Page 7
Par		a)(s) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	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> Part VI). 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	<i>(</i>)	(11)	10	(11)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
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				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A Part VI	(Form 990) 2023 Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, (See instructions.)	Information. Prilines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	ovide the o, 4c, 5a, ; Part IV,	6, 9a, 9b, 9c, Section E, line	required b 11a, 11b, es 1c, 2a, 2	oy Part II and 11c 2b, 3a, a	, line 10; Pa ; Part IV, Se nd 3b; Part	rt II, line 17a o ction B, lines ⁻ V, line 1; Part '	1 and 2; Part IV, Sec V, Section B, line 1e	2; ction C,
SCHEDU	LE A, PART	III, LINE	12,	EXPLANA	ATION	FOR	OTHER	INCOME:		
4ISCEL	LANOUS INC	OME								
2020 A	MOUNT: \$	43,236.								
2021 A	MOUNT: \$	53,734.								
2022 A	MOUNT: \$	394.								
2023 A	MOUNT: \$	32,346.								
32028 12-21-2	23				22				Schedule A (Fo	rm 990) 20

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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.

Part I

(a)

CENTER FOR ACTION AND CONTEMPLATION

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 136,564. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 126,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 121,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 76,465. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023) 24 11291001 146892 633326

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

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(c)

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Parti	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,293.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$54,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$50,083.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$44,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 29,144. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 25,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 Person Payroll 25,017. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 24,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023) Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part Life additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>15,566.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>15,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 26 X Person Payroll 14,732. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 11,500. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

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(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 11,203. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 X Person Payroll 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Person Payroll 10,109. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 10,108. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 38 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

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Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 44 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 48 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Employer identification number

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^{323452 12-26-23} 11291001 146892 633326

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 50 Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 Person Payroll 10,000. Noncash \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 52 10,000. \$

(Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 54 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 32 11291001 146892 633326

Employer identification number

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Schedule B (Form 990) (2023)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 56 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 60 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (h) (ഹ

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61_		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62		\$ <u>7,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
63		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>64</u>		\$6,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 65 </u>		\$6,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>66</u> 323452 12-26		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Employer identification number

85-0354965

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 67 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 68 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 72 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

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Part I

(a)

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(c)

Employer identification number

(d)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>5,896.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74_	, , , ,	\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,340.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76_		\$ <u>5,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,108.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78		\$5,000.	Person X Payroll Noncash

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Schedule B (Form 990) (2023) Name of organization

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Parti	Contributors (see instructions). Use duplicate copies of Part I if additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80_		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 84 323452 12-26	Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll

Employer identification number

85-0354965

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

323452 12-26-23

11291001 146892 633326

CENTER FOR ACTION AND CONTEMPLATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 85 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 86 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 87 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 88 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 90 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

85-0354965

Employer identification number

Page **2**

CENTER FOR ACTION AND CONTEMPLATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 91 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 92 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 96 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

11291001 146892 633326

Employer identification number

85-0354965

Page 2

Schedule B (Form 990) (2023)

Name of organization

Part I

CENTER FOR ACTION AND CONTEMPLATION

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 97 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 98 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 99 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 100 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 102 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 40 11291001 146892 633326

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

85-0354965

11291001 146892 633326

Part I

CENTER FOR ACTION AND CONTEMPLATION

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 103

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

_		\$5,000. \$5,000. (Complete noncash c	sh
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
<u>104</u>		\$5,000. \$\$Complete noncash c	sh
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
<u>105</u>		\$5,000. \$\$Complete noncash c	sh
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
<u> 106 </u>		\$5,000. \$\$Complete noncash c	sh
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
<u>107</u>		\$5,000. \$\$(Complete noncash c	sh
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
108		\$5,000. \$\$Complete 	sh

Employer identification number

(d)

Type of contribution

X

85-0354965

Person

CENTER FOR ACTION AND CONTEMPLATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions**

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112		\$ <u>5,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_113		\$ <u>5,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	6-23		Schedule B (Form 990) (2023)

Employer identification number

(d)

85-0354965

11291001 146892 633326

323452 12-26-23

11291001 146892 633326



Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 115 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 116 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 117 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 118 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 119 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 120 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Employer identification number

85-0354965

CENTER FOR ACTION AND CONTEMPLATION

CENTER FOR ACTION AND CONTEMPLATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

Schedule B (Form 990) (2023)

Name of organization

11291001 146892 633326

85-0354965

Employer identification number

Page 2

CENTE	R FOR ACTION AND CONTEMPLATION		85-0354965
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCKS	\$50,083	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> 15</u>	STOCKS	\$25,017	. 12/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
34	STOCKS	\$10,109	. 06/06/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

Schedule B (Form 990) (2023)

323453 12-26-23

11291001 146892 633326

Schedule I	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
CENTE	R FOR ACTION AND CONTEM	PLATION		85-0354965
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in s		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) \$
(a) No.	Use duplicate copies of Part III if additional			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		(-, 3		
·		e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
	· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I				
		e) Transfer of gi	 ft	
		(0) Hallelel el g.		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2023)

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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



Name of the organization

CENTER FOR ACTION AND CONTEMPLATION

Employer identification number 85 - 0354965

Par			or Ac	count	s. Com	plete if th	e
	organization answered "Yes" on Form 990, Part IV, lin				lo and oth	or 00001	
		(a) Donor advised funds	(b) Fund	Is and oth	er accour	lls
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	writing that the access hold in denor advi	ad fund				
5	are the organization's property, subject to the organization's	-				Yes	No
6	Did the organization inform all grantees, donors, and donor a					165	
0	for charitable purposes and not for the benefit of the donor o						
				•		Yes	No
Par						103	
1	Purpose(s) of conservation easements held by the organization						
•	Preservation of land for public use (for example, recrea		f a histo	orically i	mportant l	and area	
	Protection of natural habitat			-	-		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor	nservati	on easem	ent on th	e last
	day of the tax year.				Held at the		
а	Total number of conservation easements			2a			
b				2b			
с	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c			
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel			zation d	luring the [.]	tax	
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n easer	nents duri	ng the ye	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	sements	s during th	e year	
8	Does each conservation easement reported on line 2d above					1	
•						Yes	No
9	In Part XIII, describe how the organization reports conservation	1					
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statem	ients tha	at descr	ibes the		
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther S	imilar	Assets	_	
	Complete if the organization answered "Yes" on Form					-	
1a	If the organization elected, as permitted under FASB ASC 95		and hala	ance she	et works		
14	of art, historical treasures, or other similar assets held for put						
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95			sheet \	works of		
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
2	If the organization received or held works of art, historical treater						
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		5	Schedule	D (Form	990) 2023
332051	09-28-23						
		17					

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		FOR ACTION						85-03			_{age} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, or	Other S	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	make sigr	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌 I	Loan or exc	change progra	m					
b	Scholarly research		e 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how the	ey further th	ne organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of 1	the organ	ization's co	ollection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		C C							
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	contributior	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						·?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
Par											
		(a) Current year	(b) P	rior year	(c) Two year	s back (c	s) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		: ce (line 1a	ı. column (a)) held as:						
а	Board designated or quasi-endowment		%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd administer	ed for the					
	organization by:	0							[Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment fu	unds.							
Par											
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (invest			t or other (other)	• •	cumulated	d	(d) Boo	k valu	Ð
1 a	Land	158.	000.	40	1,977.				55	9,9	77.
	Buildings				1,474.	6	51,60	0.		9,8'	
	Leasehold improvements										
	Equipment			85	51,570.	6	96,38	6.	15	5,1	84.
	Other				-					-	
	. Add lines 1a through 1e. (Column (d) must e		X line 10	nc column	(B))				1,26	5,0	35.
		gaar on ov, i all			<u>, – "</u>			····· I Sahadula	-	· ·	

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities	ACTION AND CO		85-0354965 Page 3
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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	11c. See Form 990. Part X. line	13.
(a) Description of investment	(b) Book value	1	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line	15.
-	Description	,,,,,	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities			······
Complete if the organization answered "Yes" 1 (a) Description of liability	on Form 990, Part IV, line	11e or 11t. See Form 990, Part	X, line 25.
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial stat	· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has	s been provided in Part XIII X

Schedule D (Form 990) 2023

332053 09-28-23

_	edule D (Form 990) 2023 CENTER FOR ACTION AND CON				0354965 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	12,060,182.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2 a	180,939.		
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			2e	180,939.
3	Subtract line 2e from line 1			3	11,879,243.
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	26,104.		
b	Other (Describe in Part XIII.)	4b	360.		
c	Add lines 4a and 4b			4c	26,464.
0					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,905,707.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ments With	Expenses per F		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With	Expenses per F		n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With 2a.	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	Expenses per F	letur	n
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With 2a.	Expenses per F	letur	n
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With ^{2a.}	Expenses per F	letur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	Expenses per F	letur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2b 2c	Expenses per F	letur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F	letur	n 10,984,779. 0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F	letur 1	n
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F	letur 1 2e	n 10,984,779. 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b 2b 2c 2d	Expenses per F	letur 1 2e	n 10,984,779. 0.
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	letur 1 2e	n 10,984,779. 0. 10,984,779.
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2c 2d 2d	Expenses per F	letur 1 2e	n 10,984,779. 0. 10,984,779. 26,464.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a. 2b 2b 2c 2d 2d	Expenses per F	1 2e 3	n 10,984,779. 0. 10,984,779.

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.

PART X, LINE 2:

THE CENTER IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF						
THE INTERNAL REVENUE CODE ON ALL INCOME EXCEPT UNRELATED BUSINESS INCOME.						
THE CENTER EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ASC						
450, ACCOUNTING FOR CONTINGENCIES, WHEREBY THE EFFECT OF THE UNCERTAINTIES						
IN TAX POSITIONS WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE						
AND REASONABLY ESTIMABLE. THE CENTER BELIEVES THAT THERE IS APPROPRIATE						
SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY						
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE						
CENTER'S OPEN AUDIT PERIODS ARE FOR THE FISCAL YEAR ENDED DECEMBER 31,						
2020 AND THEREAFTER.						

50

332054 09-28-23

Schedu	e D (Form 990) 2023 KIII Supplemental Infor	CENTER FOR	ACTION	AND	CONTEMPLATION	85-	0354965	Page 5
Part)	III Supplemental Infor	mation (continued)						
PART	XI, LINE 4B -	OTHER ADJUST	MENTS:					
GAIN	ON ASSET DISPO	SAL						360.
PART	XII, LINE 4B -	OTHER ADJUS	TMENTS:					
GAIN	ON ASSET DISPO	SAL						360.
332055 09	-28-23					Scheo	dule D (Form 9	990) 2023

11291001 146892 633326

SCHEDULE I			irants and Oth					OMB No. 1545-0047	
(Form 990)			vernments, an ete if the organization					2023	
Department of the Treasury Internal Revenue Service		Comple	-	Attach to Form .gov/Form990 for	990.			Open to Public Inspection	
Name of the organization				-				Employer identification numb	
			AND CONTEMP	LATION				85-035496	5
Part I General Inform	ation on Grants ar	nd Assistance							
1 Does the organization			•			e e			
criteria used to award	the grants or assis	tance?						X Yes	No
2 Describe in Part IV the									
		-	be duplicated if addition			anization answered "	es" on Form 990, Parl	TV, line 21, for any	
1 (a) Name and address or governm	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
						,		THE HAPPY GIVERS NPO	
THE HAPPY GIVERS NPO								WORKS IN COMMUNITIES	
1104 PALMA DORADA VIL	LAGE							AROUND THE WORLD TO	
VEGA ALTA, PR 00692		82-1031357	501(C)(3)	45,000.	0.			PROVIDE EMPOWERMENT TO	
·				,				THE MISSION OF HNS IS T	.'0
HENRI NOUWEN SOCIETY								EXTEND THE SPIRITUAL	
PO BOX 220522								LEGACY OF HENRI NOUWEN	
ST. LOUIS, MO 63122		13-4014285	501(C)(3)	10,000.	0.			THROUGH THE PROMOTION O	F
								ILLUMAN EXISTS TO HELP	
ILLUMAN								MEN DO THEIR INNER,	
500 WESTOVER DR #1269	0							SPIRITUAL WORK TO BECOM	ſΕ
SANFORD, NC 27330		38 - 3878480	501(C)(3)	50,000.	0.			HEALTHIER AND MORE	
								THE SHALEM INSTITUTE FO	R
SHALEM INSTITUTE								SPIRITUAL FORMATION	
1226 VERMONT AVE NORTH	HEWEST							SUPPORTS CONTEMPLATIVE	
WASHINGTON, DC 20005		52-1130401	501(C)(3)	10,000.	0.			LIVING AND LEADERSHIP I	.N
								SOLIDAIRE IS AN	
SOLIDAIRE NETWORK								ESTABLISHED GRANT GIVIN	iG
PO BOX 94684								INSTITUTION WHO IS POIS	ED
SEATTLE, WA 98124		84-2130536	501(C)(3)	20,000.	0.			TO MOBILIZE CRITICAL	
								INSPIRED BY THE GOSPEL	OF
FRANCISCAN ACTION NET	WORK							JESUS, AND THE EXAMPLE	OF
PO BOX 29106								SAINTS FRANCIS AND CLAR	.Е,
WASHINGTON, DC 20017		26-2015539	501(C)(3)	15,000.	0.			THE FRANCISCAN ACTION	
2 Enter total number of s	section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table					9.
3 Enter total number of	other organizations	s listed in the line 1	table						0.
For Paperwork Reduction	Act Notice, see th	e Instructions for	Form 990.					Schedule I (Form 990) 20	23

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CENTER FOR ACTION AND CONTEMPLATION

85-0354965 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CATHEDRAL OF THE							THE CATHEDRAL OF THE
INCARNATION-CENTER FOR SPIRITUAL							INCARNATION IS A NEW
IMAGINATION - 50 CATHEDRAL AVE -							MONASTIC COMMUNITY WHICH
GARDEN CITY, NY 11530	11-1633579	501(C)(3)	90,000.	0.			EMBODIES AND TEACHES THE
							GLOBAL IMMERSION A
THRESHOLDS COMMUNITY-GLOBAL							PEACEMAKING TRAINING
IMMERSION - 2801 B ST #22 - SAN							ORGANIZATION WHO FORMS
DIEGO, CA 92102	45-5409160	501(C)(3)	45,000.	Ο.			EVERYDAY PEACEMAKERS AND
							EJUSA IS A NATIONAL
EQUAL JUSTICE USA							ORGANIZATION THAT WORKS
44 COURT ST #1217 #1001							TO REPEAL THE DEATH
BROOKLYN, NY 11201	26-1316408	501(C)(3)	15,000.	Ο.			PENALTY AND BUILD A
							FOR THE NORBERTINE
NORBERTINE COMMUNITY							COMMUNITY, APOSTOLIC WAY
5825 COORS BLVD SW							OF LIFE IS ROOTED IN THE
ALBUQUERQUE, NM 87121	85-0439246	501(C)(3)	10,000.	0.			LIFE OF THE EARLY CHURCH.
							SUPPORTS DEVELOPMENT OF A
AYNI INSTITUTE							NEW SMALL GROUP MODEL
100 LIVERPOOL ST							COMBINING DEEP
EAST BOSTON, MA 02128	81-2119468	501(C)(3)	180,000.	Ο.			CONTEMPLATIVE FORMATION
							CENTER FOR THE WORKING
THE CENTER FOR THE WORKING POOR							POOR IS AN INTERFAITH
820 LAVERTA TER APT 5							INTENTIONAL COMMUNITY
LOS ANGELES, CA 90026	20-8869602	501(C)(3)	90,000.	Ο.			INSPIRED BY THE THE
							SURGE EXISTS TO EQUIP
THE SURGE NETWORK							LEADERS TO ENGAGE EVERY
1820 WEST ELLIOT RD							MEMBER OF THEIR CHURCH AS
GILBERT, AZ 85233	86-0689791	501(C)(3)	90,000.	Ο.			AN ACTIVE PARTICIPANT OF
,			, ,				BE PRESENT AND WISDOM &
WISDOM AND MONEY							MONEY (THE TRAILBLAZING
1259 EL CAMINO REAL STE 241							COLLABORATIVE) HAVE
MENLO PARK, CA 94025	47-5520977	501(C)(3)	20,000.	0.			CO-CREATED THE
, – -		,					WORKING TO ADDRESS THE
COALITION FOR SPIRITUAL & PUBLIC							ISSUE OF POVERTY BY
LEADERSHIP - 1701 S IST AVE, SUITE							MOBILIZING THE LEADERSHIP
407 - MAYWOOD, IL 60153	82-1777262	501(C)(3)	25,000.	0.			OF GRASSROOTS FAITH

Schedule I (Form 990)

CENTER FOR ACTION AND CONTEMPLATION

(b) EIN	(c) IRC section	(d) Amount of	vernments (Sche	edule I (Form 990), Pa	nt II.) T	
	if applicable	cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
88-1541030	501(C)(3)	10,000.	0.			EQUIPS FAITH LEADERS, COMMUNITY ORGANIZERS, AN ACTIVISTS WITH RESOURCES FOR SPIRITUAL
56-2502764	501(C)(3)	26,656.	0.			THE TRINITY HOUSE CATHOLIC WORKER IS A HOUSE OF HOSPITALITY FOR HOMELESS FOLK BASED IN
85-0329834	501(C)(3)	0.	11,804.	ORIGINAL COST	BUILDING IMPROVEMENTS	HEADQUARTERED IN ALBUQUERQUE, FRIARS OF THE PROVINCE OF OUR LADY OF GUADALUPE SERVE
46-1204060	501(C)(3)	10 000.				RED LETTER CHRISTIANS' GOAL IS TO MOBILIZE INDIVIDUALS TO LIVE OUT THE TEACHINGS OF JESUS.
	56-2502764 85-0329834	88-1541030 501(C)(3) 56-2502764 501(C)(3) 85-0329834 501(C)(3) 46-1204060 501(C)(3) 46-1204060 501(C)(3) 1 1 <td>56-2502764 501(C)(3) 26,656. 85-0329834 501(C)(3) 0.</td> <td>56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804.</td> <td>56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804. ORIGINAL COST</td> <td>56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804. ORIGINAL COST BUILDING IMPROVEMENTS IMPROVEMENTS</td>	56-2502764 501(C)(3) 26,656. 85-0329834 501(C)(3) 0.	56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804.	56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804. ORIGINAL COST	56-2502764 501(C)(3) 26,656. 0. 85-0329834 501(C)(3) 0. 11,804. ORIGINAL COST BUILDING IMPROVEMENTS IMPROVEMENTS

Schedule I (Form 990)

Schedule I (Form 990) 2023

CENTER FOR ACTION AND CONTEMPLATION

85-0354965

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UITION ASSISTANCE FOR LIVING SCHOOL	40	58,430.	0.		
EGISTRATION FOR VIRTUAL GATHERINGS	311	81,189.	0.		
EGISTRATION FOR ONLINE EDUCATION COURSES	1648	369,283.	٥.		

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:

THE CAC APPLIES A RIGOROUS FRAMEWORK TO ASSESS ORGANIZATIONS BEFORE

PROVIDING STRATEGIC ASSISTANCE. THE PURPOSE OF OUR ASSISTANCE IS TO

FINANCIALLY SUPPORT THE ADVANCEMENT OF OUR MISSION AND VISION THROUGH KEY

PARTNERSHIPS BEYOND OUR SPECIFIC ORGANIZATIONAL BORDERS. THE CAC REQUIRES

ALL ORGANIZATIONS INCLUDING ANY RECEIVING \$5,000 OR MORE IN ASSISTANCE TO

EXPLAIN HOW THE FUNDS WILL BE USED.

Schedule I (Form 990) CENTER FOR ACTION AND CONTEMPLATION 85-0354965 Page 2 Part IV Supplemental Information 85-0354965 Page 2
NAME OF ORGANIZATION OR GOVERNMENT: THE HAPPY GIVERS NPO
(H) PURPOSE OF GRANT OR ASSISTANCE: THE HAPPY GIVERS NPO WORKS IN
COMMUNITIES AROUND THE WORLD TO PROVIDE EMPOWERMENT TO THOSE WHO ARE
RECOVERING FROM NATURAL DISASTERS AND ECONOMICAL CHALLENGES. THEY ARE
CONTINUALLY EXPANDING THEIR PARTNERSHIPS WITH LOCAL COMMUNITIES AND
BRIDGING THEM WITH GLOBAL PARTNERS. CURRENTLY, MOST OF THEIR WORK IS IN
PUERTO RICO, TIJUANA, PERU, & HAITI. THEY ARE BUILDING A MODEL IN PUERTO
RICO THAT TEACHES MEMBERS OF THE MARGINALIZED COMMUNITY TRADE AND
LEADERSHIP SKILLS AS WELL AS HOW TO GROW AND PREPARE THEIR OWN FOOD. THEY
HAVE A THRIVING SOCIAL MEDIA PLATFORM WITH OVER 200,000 INSTAGRAM
FOLLOWERS. MOVEMENT SUPPORT FUNDS WILL HELP THEM RUN A COMMUNITY KITCHEN
AT THEIR CAMPUS IN PUERTO RICO WHILE FEEDING FAMILIES IN NEED AND HELPING
TO TRAIN THEM IN GROWING THEIR OWN FOOD. THEIR WORK IS BOTH IN DIRECT
SERVICE AND PERSONAL TRANSFORMATION THROUGH EDUCATION AND CREATING
OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: HENRI NOUWEN SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF HNS IS TO EXTEND THE
SPIRITUAL LEGACY OF HENRI NOUWEN THROUGH THE PROMOTION OF HIS WRITINGS,
THROUGH SHARING ONLINE OF DAILY MEDITATIONS, THROUGH WEBINARS, PODCASTS
AND ALL APPROPRIATE ASPECTS OF SOCIAL MEDIA. THEY DESIRE EACH PERSON TO
KNOW THEY ARE 'GOD'S BELOVED CHILD'. THEY WORK VERY INTERNATIONALLY
BECAUSE FANS OF HENRI NOUWEN STRETCH RIGHT AROUND THE WORLD. THEIR
PODCASTS INCLUDE GUESTS SUCH AS ANNE LAMOTT, DR. RUTH HALEY BARTON, BRIAN
MCLAREN, SHANE CLAIBORNE, JAMES MARTIN SJ, PARKER PALMER, BARBARA BROWN
TAYLOR, ADAM RUSSELL TAYLOR, SHARON GARLOUGH BROWN, JIM WALLIS ETC. THEY
ARE FOCUSING ON REACHING THEIR AUDIENCE THROUGH OUR WEBINARS AND ONLINE
EVENTS.
Schodula I / Form 000)

332291 04-01-23 NAME OF ORGANIZATION OR GOVERNMENT: ILLUMAN

(H) PURPOSE OF GRANT OR ASSISTANCE: ILLUMAN EXISTS TO HELP MEN DO THEIR INNER, SPIRITUAL WORK TO BECOME HEALTHIER AND MORE AUTHENTIC HUMAN BEINGS. WE DO THIS WORK THROUGH OUR MROP, COUNCIL CIRCLES, NATIONAL GATHERINGS, AND LOCAL CHAPTER OFFERINGS. FOUND IN 2012 BY THE FRANCISCAN MYSTIC AND TEACHER RICHARD ROHR, WE ARE NON-DENOMINATIONAL, INTERFAITH, AND SPIRITUALLY INCLUSIVE, WELCOMING ALL MALE-IDENTIFIED PERSONS TO OUR WORK WITHOUT REGARD FOR YOUR RELIGION, RACE, ETHNICITY, CLASS, EDUCATION, SEXUAL ORIENTATION, OR ANY OTHER CHARACTERISTIC THAT MIGHT MAKE YOU FEEL EXCLUDED. ILLUMAN IS A SORT OF ARCHETYPE FOR CAC PARTNERSHIPS IN THAT THEIR WORK IS HIGHLY ALIGNED (ALBEIT WITH A LIMITED AUDIENCE AND SCALE) AND IT IS OUT OF THE SCOPE OF CAC'S PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: SHALEM INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SHALEM INSTITUTE FOR SPIRITUAL FORMATION SUPPORTS CONTEMPLATIVE LIVING AND LEADERSHIP IN VARIOUS SETTINGS. IN THEIR RECENT WIDER WORLD INITIATIVE, THEY ARTICULATED A PARTICULAR FOCUS ON SUPPORTING PEOPLE OF COLOR IN THEIR CONTEMPLATIVE JOURNEYS, THROUGH FINANCIAL ASSISTANCE. THROUGH A BOARD INITIATIVE, THEY RECENTLY INSTITUTED THE SHALEM CONTEMPLATIVES OF COLOR. WE HAVE OFFERED A PROGRAM, CONTEMPLATIVE CONVERSATIONS ON RACE, AS A DAY-LONG RETREAT, A SERIES OF SUNDAY AFTERNOON CONVERSATIONS, AND AS A LEADERSHIP DEVELOPMENT PROGRAM FOR THE LEADERSHIP TEAMS OF TWO CHURCHES. MOVEMENT SUPPORT FUNDS FROM CAC WOULD HELP THEM EXPAND AND FURTHER DEVELOP THESE OFFERINGS. SHALEM'S WORK OVERLAPS SIGNIFIGANTLY WITH CAC'S PROGRAMMING.

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NAME OF ORGANIZATION OR GOVERNMENT: SOLIDAIRE NETWORK

Schedule I (Form 990)

Schedule I (Form 990) CENTER FOR ACTION AND CONTEMPLATION 85-0354965 Page 2
Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: SOLIDAIRE IS AN ESTABLISHED GRANT
GIVING INSTITUTION WHO IS POISED TO MOBILIZE CRITICAL RESOURCES TO THE
FRONTLINES OF INTERSECTIONAL MOVEMENTS FOR RACIAL, GENDER, AND CLIMATE
JUSTICE WITHIN CAC'S MOVEMENT ECOLOGY. MEMBERSHIP IS DESIRED WITH
SOLIDAIRE BECAUSE THEY ARE IN RELATIONSHIP WITH SMALLER ORGANIZATIONS AND
NETWORKS THAT ARE MOBILIZING FOR THE GOOD WILL AND WORK IN CAC'S BROADER
ECOSYSTEM. THERE IS AN OPPORTUNITY TO LEARN MORE FROM SOLIDAIRE AND
THEIR EXPERIENCE IN MOVEMENT BUILDING AND FUNDING. SOLIDAIRE REQUIRES A
\$20,000 MEMBERSHIP FOR ORGANIZATIONS THAT ARE THE SIZE OF CAC. THE FUNDS
THEY COLLECT FROM MEMBERSHIP FEES GO TO SMALLER ORGANIZATIONS WITH WHOM
SOLIDAIRE BUILDS RELATIONSHIP. THESE ORGANIZATIONS' WORK IS TOWARDS
BUILDING MOVEMENT AND CHANGE SOCIAL, CLIMATE, AND RACIAL INJUSTICE.

NAME OF ORGANIZATION OR GOVERNMENT: FRANCISCAN ACTION NETWORK (H) PURPOSE OF GRANT OR ASSISTANCE: INSPIRED BY THE GOSPEL OF JESUS, AND THE EXAMPLE OF SAINTS FRANCIS AND CLARE, THE FRANCISCAN ACTION NETWORK IS A COLLECTIVE FRANCISCAN VOICE SEEKING TO TRANSFORM UNITED STATES PUBLIC POLICY RELATED TO PEACE MAKING, CARE FOR CREATION, POVERTY, AND HUMAN RIGHTS. THE FRANCISCAN ACTION NETWORK (FAN) SEEKS TO STRENGTHEN ITS COLLABORATION WITH FRANCISCAN-HEARTED PEOPLE ON THE GROUND THROUGHOUT THE USA THROUGH A FRANCISCAN GRASSROOTS ADVOCACY INITIATIVE. ONE WAY OF DOING THIS IS THROUGH THE FRANCISCAN JUSTICE CIRCLES (FJC), THE MISSION OF WHICH IS TO EMPOWER LOCAL GROUPS TO ADVOCATE FOR SOCIAL AND ENVIRONMENTAL JUSTICE ROOTED IN FRANCISCAN SPIRITUALITY. FAN WOULD USE MOVEMENT SUPPORT TO FUND A 2022 CONFERENCE OF THE GROWING NUMBER OF FRANCISCAN JUSTICE CIRCLES WHERE THE FJCS WILL GATHER TO SUPPORT THE ONGOING FRANCISCAN FORMATION ESSENTIAL TO THE CIRCLES, ANIMATING AND MOTIVATING THEM IN THEIR FAITH-BASED ADVOCACY, FURTHER EDUCATION ON ADVOCACY TOOLS Schedule I (Form 990) 332291 04-01-23

AND TIPS, AND TO DEEPEN CONNECTION WITHIN

NAME OF ORGANIZATION OR GOVERNMENT:

THE CATHEDRAL OF THE INCARNATION-CENTER FOR SPIRITUAL IMAGINATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CATHEDRAL OF THE INCARNATION IS
A NEW MONASTIC COMMUNITY WHICH EMBODIES AND TEACHES THE ENGAGED
CONTEMPLATIVE SPIRITUALITY IN RESPONSE TO WHAT FATHER BEDE GRIFFITHS
CALLED 'THE UNIVERSAL CALL TO CONTEMPLATION.' THEIR WORK IS GROUNDED IN
THE AFFIRMATION THAT INTIMACY WITH GOD DOES NOT BELONG TO A SPECIAL GROUP
OF RELIGIOUS PROFESSIONALS BUT IS AVAILABLE TO ALL. CSI PRACTICE
DEMOCRATIZES THE GIFTS OF MONASTIC SPIRITUALITY AND TRANSLATES THEM INTO
A FORM THAT CAN BE LIVED IN EVERYDAY LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: THRESHOLDS COMMUNITY-GLOBAL IMMERSION (H) PURPOSE OF GRANT OR ASSISTANCE: GLOBAL IMMERSION A PEACEMAKING TRAINING ORGANIZATION WHO FORMS EVERYDAY PEACEMAKERS AND RECONCILING LEADERS. THEY TEACH THAT CONFLICT IS NOT A PROBLEM TO FIX, BUT AN OPPORTUNITY FOR TRANSFORMATION IF PEOPLE HAVE THE TOOLS TO NAVIGATE CONFLICT WELL. THEY TRAIN CHRISTIANS WITH THE TOOLS TO NAVIGATE PERSONAL, RELATIONAL AND SYSTEMIC CONFLICT. THE AUDIENCE IS PRIMARILY POST-EVANGELICAL DOMINANT CULTURE (MOSTLY WHITE) FOLKS WHO ARE SEEKING A BETTER WAY TO ENGAGE FAITH, CHURCH AND SOCIETY. THEY ARE CONFRONTING THE IMPACT OF PATRIARCHY, WHITENESS AND UNHEALTHY EGOS AND THE WAYS THOSE HAVE IMPACTED THEIR BIFOC SIBLINGS.

NAME OF ORGANIZATION OR GOVERNMENT: EQUAL JUSTICE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: EJUSA IS A NATIONAL ORGANIZATION

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THAT WORKS TO REPEAL THE DEATH PENALTY AND BUILD A PUBLIC SAFETY

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 Schedule (Form 990)
 CENTER FOR ACTION AND CONTEMPLATION
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 Part IV
 Supplemental Information

 ECOSYSTEM THAT DOES NOT RELY ON PUNISHMENT. THE EVANGELICAL NETWORK IS

 EJUSA'S BRANCH THAT REACHES OUT TO CHRISTIANS BROADLY AND ESPECIALLY

 EVANGELICALS. THEIR HOPE IS TO TURN AWAY FROM THE CRIMINAL LEGAL SYSTEM'S

 RELIANCE ON PUNISHMENT AND TOWARD HEALING AND RECONCILIATION AS A WAY OF

 RESPONDING TO VIOLENCE AND HARM. EJUSA WORKS WITH INDIVIDUALS, CHURCHES,

 AND DENOMINATIONS TO ACCOMPANY THEM IN THEIR JUSTICE WORK.

NAME OF ORGANIZATION OR GOVERNMENT: NORBERTINE COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NORBERTINE COMMUNITY, APOSTOLIC WAY OF LIFE IS ROOTED IN THE LIFE OF THE EARLY CHURCH. THE AUTHENTICITY OF THIS MISSION HAS BEEN DISCERNED BY THE ABBOT AND THE CHURCH OF ST. NORBERT ABBEY. TO WITNESS THE REALITY AND THE POWER OF A CHRISTIAN COMMUNITY OF FAITH WITNESS IS THE ESSENCE OF A RELIGIOUS COMMUNITY. NORBERTINE ABBEY BELIEVES THAT CHRISTIAN FAITH COMMUNITY IS TRULY POSSIBLE IN A CULTURE THAT IS INCREASINGLY UNCONGENIAL TO COMMUNITY, AND THAT SUCH A COMMUNITY HAS THE POWER TO TRANSFORM ITS MEMBERS AND THE CULTURE.

NAME OF ORGANIZATION OR GOVERNMENT: AYNI INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS DEVELOPMENT OF A NEW SMALL GROUP MODEL COMBINING DEEP CONTEMPLATIVE FORMATION AND SOCIAL ACTION, FILLING A CRITICAL GAP IN THE MOVEMENT, EXPANDING SUPPORT FOR DIVERSE CONSTITUENCIES, AND PROVIDING A MODEL THAT COMPLEMENTS EXISTING CAC PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER FOR THE WORKING POOR (H) PURPOSE OF GRANT OR ASSISTANCE: CENTER FOR THE WORKING POOR IS AN INTERFAITH INTENTIONAL COMMUNITY INSPIRED BY THE THE CATHOLIC WORKER 332291 04-01-23 Schedule I (Form 990) MOVEMENT AND NEW MONASTICISM, WHICH IS COMMITTED TO STRATEGIC NON-VIOLENT SOCIAL CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: THE SURGE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SURGE EXISTS TO EQUIP LEADERS TO

ENGAGE EVERY MEMBER OF THEIR CHURCH AS AN ACTIVE PARTICIPANT OF GOD'S

MISSION. SURGE PROVIDES TOOLS AND RELATIONAL PLATFORMS TO STREGTHEN AND

ACTIVATE THE ENTIRE BODY OF CHRIST.

NAME OF ORGANIZATION OR GOVERNMENT: WISDOM AND MONEY

(H) PURPOSE OF GRANT OR ASSISTANCE: BE PRESENT AND WISDOM & MONEY (THE TRAILBLAZING COLLABORATIVE) HAVE CO-CREATED THE TRAILBLAZING INSTITUTE TO TRAIN TRAILBLAZERS IN A NEW WAY OF BEING THROUGH THE BE PRESENT EMPOWERMENT MODEL, WISDOM SPIRITUAL PRACTICES, AND TRANSFORMATIVE MONEY PRACTICES. THESE TRAININGS WILL PROVIDE THE OPPORTUNITY FOR INNER TRANSFORMATION AND MORE OPEN WAYS TO ENGAGE WITH OTHERS. BE PRESENT IS AN ORGANIZATION WITH A LONG HISTORY (1988) AND MUCH EXPERIENCE IN ENGAGING WITH COMMUNITIES AND BUILDING LEADERS IN MOVEMENT BUILDING. THEIR JOINT ENDEAVOR, THE TRAILBLAZING COLLABORATIVE, CAN POTENTIALLY ENGAGE CAC'S AUDIENCE MEMBERS IN INVITING THEM TO ENGAGE WITH MONEY AS A DOORWAY TO SPIRITUAL TRANSFORMATION AT THE PERSONAL, COMMUNAL, AND SYSTEMIC LEVELS. WISDOM & MONEY IS A CAC PARTNER AND HAS SUPPORTED CAC IN DEVELOPING ITS FINANCIAL PHILOSOPHY AND THEY CONDUCTED A PARTNER SESSION AT CONSPIRE. THROUGH THEIR PARTICIPATION WITH CONSPIRE AND WITH ROSE FEERICKS ARTICLE IN THE MENDICANT, WISDOM AND MONEY.

NAME OF ORGANIZATION OR GOVERNMENT:

COALITION FOR SPIRITUAL & PUBLIC LEADERSHIP

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Schedule I (Form 990)	CENTER FOR ACTION AND CONTEMPLATION	85-0354965 Page 2
Part IV Supplemental	Information	
(H) PURPOSE OF G	RANT OR ASSISTANCE: WORKING TO ADDRESS THE	ISSUE OF
POVERTY BY MOBIL	TAING THE LEADERSHIP OF GRASSBOOTS FAITH CO	OMMIINT TTES.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH MATTERS NETWORK COLLABORATIVE (H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPS FAITH LEADERS, COMMUNITY ORGANIZERS, AND ACTIVISTS WITH RESOURCES FOR SPIRITUAL SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY HOUSE CATHOLIC WORKER (H) PURPOSE OF GRANT OR ASSISTANCE: THE TRINITY HOUSE CATHOLIC WORKER IS A HOUSE OF HOSPITALITY FOR HOMELESS FOLK BASED IN THE TRADITION OF THE CATHOLIC WORKER MOVEMENT FOUNDED BY DOROTHY DAY AND PETER MAURIN. WE SEEK TO CONTINUE THEIR TRADITION TO IMITATE JESUS CHRIST BY LIVING AN INTENTIONAL LIFESTYLE TO CO-CREATE WITH GOD A COMMUNITY THAT IS BUILT ON FAITH, LOVE, HOPE, PRAYER FOR PEACE AND SOCIAL JUSTICE. WE LIVE TO EXPRESS THE LOVE OF GOD BY HELPING TO ALLEVIATE THE PAINS OF THOSE IN NEED, PRIMARILY THOSE OF POOR, MARGINALIZED AND HOMELESS INDIVIDUALS AND FAMILIES IN ALBUQUERQUE, NM.

NAME OF ORGANIZATION OR GOVERNMENT:

PROVINCE OF OUR LADY OF GUADALUPE OF THE ORDER OF FRIARS MINOR (H) PURPOSE OF GRANT OR ASSISTANCE: HEADQUARTERED IN ALBUQUERQUE, FRIARS OF THE PROVINCE OF OUR LADY OF GUADALUPE SERVE THROUGHOUT THE SOUTHWEST WITH LOCATIONS IN NEW MEXICO, ARIZONA, COLORADO, AND TEXAS. SINCE ITS FOUNDING IN 1985, THE PROVINCE STRIVES TO CONTINUE ST. FRANCIS'S MISSION TO SPREAD THE GOSPEL IN OUR CONTEMPORARY WORLD.

NAME OF ORGANIZATION OR GOVERNMENT: RED LETTER CHRISTIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: RED LETTER CHRISTIANS' GOAL IS TO

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Schedule I (Form 990) CENTER FOR ACTION AND CONTEMPLATION 85-0354965 Page 2					
Part IV Supplemental Information					
MOBILIZE INDIVIDUALS TO LIVE OUT THE TEACHINGS OF JESUS. THEY MOTIVATE					
AND INSPIRE PEOPLE IN THE WAYS OF JESUS AND JUSTICE IN THEIR ONLINE					
PLATFORMS, PODCAST, DAILY DEVOTIONAL EMAILS AND IN PERSON EVENTS. CAC					
FUNDS WOULD HELP THEM CONTINUE AND EXPAND THEIR REACH, AND RLC IS WORKING					
TOWARDS LIFTING BIPOC VOICES (WOMEN IN PARTICULAR). MOVEMENT SUPPORT					
FUNDS WILL ALLOW RLC TO PAY MORE FOR CONTRIBUTIONS TO RLC'S PROGRAMMING.					
RLC'S FOCUS IS ON MOBILIZING INDIVIDUALS INTO A MOVEMENT OF BELIEVERS WHO					
LIVE OUT THE TEACHING OF JESUS THROUGH ACTION SUPPORTS WORK THAT CAC DOES					
NOT CURRENTLY DO AND THAT IS OUT OF SCOPE FOR CURRENT PROGRAMMING.					
RLC'S WORK IS IN CHANGING DOMINANT INSTITUTIONS WHILE ALSO NURTURING					
PERSONAL TRANSFORMATION.					

Schedule I (Form 990)

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees		20	Ľ٦)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organization			identificatio		nber
		CENTER FOR ACTION AND CONTEMPLATION	85-0	035496	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ir, chet)			
	16 and a 6 41 1					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		····· 2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	511 10			
	Compensation					
	·	ompensation consultant IX Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			<u>5</u> a		X
b		ation?		5 b	_	X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r			6a		v
	a The organization?					X X
a		ation?		6b		
7		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х	
0		nes 5 and 6? If "Yes," describe in Part III			11	<u> </u>
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the price described in Regulations section 53 (4958 4(a)/3)2 If "Yes," describe in Part III		8		x
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		····· o		
9		a the organization also follow the rebuttable presumption procedure described in 153.4958-6(c)?		9		
For		on Act Notice, see the Instructions for Form 990.		ອຸ່ dule J (Forn	000	2023
	- appendient fieldet		Conet			_020

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL POFFENBERGER	(i)	156,525.	0.	0.	5,391.	8,271.	170,187.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TISHA FORD, MANAGING DIRECTOR	(i)	149,867.	0.	0.	4,964.	8,198.	163,029.	0.
OF PRODUCTION AND OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	136,605.	12,000.	0.	4,980.	8,118.	161,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION PAYS MOVING STIPENDS, RETENTION BONUSES, OR DISCRETIONARY

BONUSES AS WARRANTED BASED ON VARIOUS FACTS SUCH AS STAFF ATTRITION. THESE

BONUSES WERE DETERMINED IN ACCORDANCE WITH THE COMPENSATION POLICY IN

EFFECT AT THE TIME.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 (or 30.
Attach to Form 990.	

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

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR ACTION AND CONTEMPLATION

Employer identification number 85-0354965

ZU **Open to Public**

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_		FOR ACTION A	AND CONTER		05 05	74703	,
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deten noncash contribution		Its
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		14	96,253.	MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	0						
13	Qualified conservation contribution	-					
	Historic structures						
14	Qualified conservation contribution	- Other					
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (
26	Other ()					
27	Other (
28	Other ()					
29	Number of Forms 8283 received by	the organization during	the tax year for co	ontributions		_	
	for which the organization complete	ed Form 8283, Part V, D	onee Acknowledg	ement		0)
					_	Yes	No
30a	During the year, did the organizatio						
	must hold for at least 3 years from			•			
	exempt purposes for the entire hold					Da	X
b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift a				ions?3	1 X	
32a	Does the organization hire or use th	•	•	· · ·			
						2a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an a	amount in column (c) foi	r a type of property	r tor which column (a) is cheo	cked,		

Schedule M (Form 990) 2023

describe in Part II.

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

	(Form 990) 2023						
Part II	Supplementa	al Informatio	on. Pro	vide the inform	nation re	equired by Part I	lines 30b 3

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

CENTER FOR ACTION AND CONTEMPLATION 85-035

85-0354965

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

TEACHING AND PRACTICE OF THE CHRISTIAN CONTEMPLATIVE TRADITIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE LIVING SCHOOL, "SENT" (GRADUATED) ANOTHER COHORT OF 164 STUDENTS

VIA AN ONLINE SYMPOSIUM. IN 2023, THE CAC BEGAN TAKING REGISTRATIONS

FOR THE NEXT ITERATION OF THE LIVING SCHOOL CALLED THE ESSENTIALS OF

ENGAGED CONTEMPLATION. APPROXIMATELY 450 STUDENTS REGISTERED FOR THE

YEAR-LONG PROGRAM THAT BEGAN IN JANUARY 2024. CAC HOSTED 8 VIRTUAL

EVENTS IN 2023 WHICH COLLECTIVELY HAD APPROXIMATELY 7,800 ATTENDEES.

ALL THESE PROGRAMS WERE DONE IN SERVICE TO CAC'S MISSION TO HELP AWAKEN

A MORE LOVING WORLD.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD OF

DIRECTORS PRIOR TO FILING.

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

IN COMPLIANCE WITH POLICY, EACH BOARD MEMBER AND STAFF MEMBER SIGNS A REPORT SUMMARIZING THESE FORMS WHICH IS REVIEWED BY THE FINANCE COMMITTEE FOR SIGNIFICANT/MATERIAL CONFLICTS, WHICH ARE REPORTED TO THE BOARD. NO SUCH CONFLICTS WERE NOTED IN THE REPORT TO THE BOARD. IN THE EVENT THAT THE BOARD MAKES A DECISION ON A SUBJECT INVOLVING A REPORTED CONFLICT, THE EFFECTED BOARD MEMBER IS RECUSED FROM DISCUSSING OR VOTING ON THE DECISION.

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

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

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 332211 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization CENTER FOR ACTION AND CONTEMPLATION	Employer identification number 85-0354965
PER OUR BY-LAWS AND COMPENSATION POLICY, THE BOARD REVIEWS	AND APPROVES
COMPENSATION FOR THE EXECUTIVE DIRECTOR. OUR COMPENSATION	POLICY REQUIRES
AN ANNUAL EVALUATION OF ALL SALARIES FOR SIMILAR ROLES IN	NON-PROFIT
EDUCATIONAL ORGANIZATIONS OF A SIMILAR SIZE AND NATURE. TH	IS IS DONE BY AN
OUTSIDE HR CONSULTING FIRM.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST. THE
FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORG	ANIZATION'S
WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER:	
PROGRAM SERVICE EXPENSES	738,556.
MANAGEMENT AND GENERAL EXPENSES	321,471.
FUNDRAISING EXPENSES	36,055.
TOTAL EXPENSES	1,096,082.
HR SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	489,178.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	489,178.
STIPENDS:	
PROGRAM SERVICE EXPENSES	284,875.
MANAGEMENT AND GENERAL EXPENSES	0.
³³²²¹² 11-14-23 70	Schedule O (Form 990) 2023

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^{2023.04030} CENTER FOR ACTION AND CON 633326_1

Schedule O (Form 990) 2023 Name of the organization CENTER FOR ACTION AND CONTEMPLATION	Page 2 Employer identification number 85-0354965
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	284,875.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,870,135.
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332212 11-14-23	Schedule O (Form 990) 2023
71 291001 146892 633326 2023.04030 CENTER FOR A	