(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

Open to Public

Inspection

A	or th	e 2019	calendar year, or tax year beginning 10/01, 2019, a	and end	ling		09/30,	20 20		
			C Name of organization			D Employer ider	ntification nur	nber		
В	Check if a	applicable:	ENVIRONMENTAL DEFENSE ACTION FUND			90-0080	0500			
	Addre		Doing business as							
-	chang	ge e change		Room/su	ite	E Telephone nur	nber			
	+	l return	257 PARK AVENUE SOUTH			(212) 505	5-2100			
-	→	return/	City or town, state or province, country, and ZIP or foreign postal code			(222) 300	2100			
-		nated	NEW YORK, NY 10010			G Gross receipts	s 21	5,965	959	
\vdash	returi		F Name and address of principal officer: JOE BONFIGLIO			H(a) Is this a grou		Yes	X No	
	pendi	ing	257 PARK AVENUE SOUTH, NEW YORK, NY 10010			subordinates'	? -	Yes		
-	T				T	H(b) Are all subordi	_		No	
<u>!</u>		empt st		or	527	1	ach a list. (see in			
-			WWW.EDFACTION.ORG	1.		H(c) Group exemp			DE	
	ACCOUNT OF THE PARTY OF		ization: X Corporation Trust Association Other	L Ye	ear of forma	tion: 2002 M s	state of legal	iomicile:	DE	
P	art I		mmary	CA ME	mun Di	DITC DECA	DDING			
	1		describe the organization's mission or most significant activities: TO EDU				RDING			
Se			IRONMENTAL & CONSERVATION ISSUES AS WELL AS AD							
rna			ICIES THAT PROTECT THE ENVIRONMENTAL RIGHTS OF							
Activities & Governance	2		this box 🕨 🔛 if the organization discontinued its operations or disposed				1			
ŏ	3		er of voting members of the governing body (Part VI, line 1a)				3		<u> 17.</u>	
80	4		er of independent voting members of the governing body (Part VI, line 1b)				4		17.	
į	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)				5		0.	
Ę	6	Total	number of volunteers (estimate if necessary)				6		127.	
4	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a		0.	
	b	Net u	nrelated business taxable income from Form 990-T, line 39		<i>.</i>	<u> </u>	7b		0.	
						Prior Year		irrent Y	ear	
•	8	Contri	ibutions and grants (Part VIII, line 1h)			16,937,57	0. 26	,955,	590.	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)				0.		0.	
Sev.	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			7,42		1,	830.	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			176,93	4.		132.	
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			17,121,92		,957,	552.	
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)			2,784,59	0. 2	,436,	310.	
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0.		0.		
9	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			3,264,08	9. 6	6,392,995.		
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			25,02	2.	16,	946.	
×pe	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶ 2,732,033.							
Ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			11,847,90	0. 18	,527,	695.	
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			17,921,60	1. 27	,373,	946.	
	19	Rever	nue less expenses. Subtract line 18 from line 12			- 799 , 67	2.	-416,	394.	
Ces					Begin	ning of Current Y		nd of Yea	r	
set	20	Total	assets (Part X, line 16)			9,735,49		,551,	039.	
t As	21 22	Total	liabilities (Part X, line 26)			3,718,88	9. 1	,950,	829.	
캺	22	Net as	ssets or fund balances. Subtract line 21 from line 20			6,016,60	4. 5	,600,	210.	
	rt II		gnature Block							
Un	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparar (other than officer) is based on all information of which	les and si	tatements,	and to the best of	my knowledg	e and be	elief, it is	
····	s, cone	ot, and	Sompriso. Sparation of preparation of which is based on an information of which	ii piepare	el ilas ally k	nowledge.	. 1			
Ci-	_		Mygan			8/	6H Z1			
Sig			Signature of officer			Date '	,			
He			WILLIAMOBRIEN CFO							
			Type or print name and title							
D-!			Type preparer's name Preparer's signature	Date	2004	Check	if PTIN			
Paid	a parer	PAU	// Ch / Addish Accounted 7	8/6/2	2021	self-employe	pol PO1	38417	8	
	Only		sname ▶BDO USA, LLP				3-53815			
		Firm's	address ▶100 PARK AVENUE, NEW YORK, NY 10017-5001			Phone no. 2	12-885-			
			iscuss this return with the preparer shown above? (see instructions).					Yes	No	
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Fo	m 990	(2019)	

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Pa			ce Accomplishments		
_				s Part III	х
1	•	e organization's miss		CONCERNATION TOGETHS	
			RDING ENVIRONMENTAL AND C		
			ATION AND POLICIES THAT I	PROTECT THE	
	ENVIRONMENTAL	L RIGHTS OF AL	L PEOPLE.		
_					
2	prior Form 990 or	990-EZ?		ne year which were not listed on the	
_		hese new services o			
3	services?			in how it conducts, any program	
4		•		of its three largest program service	es as measured by
	expenses. Section	501(c)(3) and 501		report the amount of grants and	
4a			24,567,673. including grants of \$	2,411,310.) (Revenue \$	0)
	ATTACHMENT	1 1			
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					·
_		· · · · · · · · · · · · · · · · · · ·			,
4c	Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	d Other program se	rvices (Describe on S	Schedule O.)		
	(Expenses \$	·		venue \$)	
4 e	· ·	vice expenses ▶		. , ,	

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Part	Checklist of Required Schedules		V	NI-
	le the consciention described in continue 504/5/(0) on 4047/5/(4) /other there a private foundation/0 (f II)/coll		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Х
_	complete Schedule A	2	Х	
2			- 2	
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	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	21	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Λ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
12 a	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,	Х	
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21	∠_	

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Part	Checklist of Required Schedules (continued)		Vaa	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Λ
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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,	33		
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
-	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	002		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		•		
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u></u> .	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030	2.000	Form	990	(2019)
	0921LR 702V 8/2/2021 7:31:22 AM V 19-8.5F EDAF		P	AGE

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Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C		7c		
	required to file Form 8282?	70		
	ros, maisais inc names of common section and adming the year in the common section and administration administration and administration administration and administration administration and administration	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of 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	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
	Enter the amount of received on hand, [] [] [] [] [] [] [] [] [] [140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		Λ
	If "Yes," see instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year.			
Id	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	-		
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		X
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6 7-	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	/ a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
•	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00	Х	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	80	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	1.55		
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(900	tion 5	501(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	uon S	,υ r(G)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record WILLIAM O'BRIEN, 257 PARK AVENUE SOUTH, NEW YORK, NY 10010 212-505-2100	ls ▶		

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

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

	Check this box if ne	ither the organization	nor anv relate	ed organization o	compensated an	v current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)FREDERIC D. KRUPP	4.00									
EXECUTIVE DIRECTOR	36.00			Х				0.	727,297.	97,805.
(2)WILLIAM O'BRIEN	4.00									
CHIEF FINANCIAL OFFICER	36.00			Х				0.	326,653.	96,164.
(3) JOE BONFIGLIO (SEE SCH. O)	4.00									
PRESIDENT	36.00			Х				0.	225,764.	73,280.
(4) SUSAN FORD DORSEY	2.00									
CO-CHAIRMAN	2.00	Х		Х				0.	0.	0 .
(5) ELIZABETH STRICKLER	2.00									
CO-CHAIRMAN	2.00	Х		Х				0.	0.	0
(6) FRANK E. LOY	2.00									
CHAIR EMERITUS	2.00	X		Х				0.	0.	0
(7) THOMAS F. DARDEN, II	2.00									
DIRECTOR	0.	Х						0.	0.	0
(8) RICHARD H. DAVIS	2.00									
DIRECTOR	0.	X						0.	0.	0
(9) KIRSTEN J. FELDMAN	2.00									
DIRECTOR	2.00	X						0.	0.	0
(10) CARL FERENBACH	4.00									
DIRECTOR	6.00	Х						0.	0.	0
(11) CHARLES J. HAMILTON, JR., ESQ.	2.00									
DIRECTOR	2.00	X						0.	0.	0
(12) CODDY JOHNSON	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13) HONORABLE THOMAS H. KEAN	2.00									
DIRECTOR	2.00	Х						0.	0.	0
(14) JOHN C. KERR	2.00									
DIRECTOR	0.	X						0.	0.	0

Form **990** (2019)

JSA 9E1041 2.000

0921LR 702V 8/2/2021

(A)	(B)			(0	:)			(D)	(E)		(F)	
Name and title	Average hours per	(do r	not ch	Posi	ition	e than or	ne	Reportable compensation	Reportable compensation from	Esti	imated ount of	
	week (list any hours for related organizations	box,	unles er and	ss pei	rson irect	is both a or/truste	an	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	o comp froi orgai	ther ensation m the nization	
	below dotted line)	Individual trustee or director	Institutional trustee	r	Key employee	Highest compensated employee	ï				related nizations	i
5) ABBY LEIGH	2.00											
DIRECTOR	2.00	Х						0	0.			
.6) SUSAN MANDEL	2.00											
DIRECTOR	2.00	Х						0	0.			
.7) JON POWERS (FROM 10/19)	2.00											
DIRECTOR	0.	Х						0	0.			
.8) GARY RAPPEPORT (FROM 1/20)	2.00											
DIRECTOR	0.	Х						0	0.			
9) JEROME RINGO (THRU 5/20)	2.00											
DIRECTOR	0.	Х						0	0.			
0) JEFFREY F. WILLIAMS	2.00											
DIRECTOR	0.	X						0	0.			
1) JOANNE WITTY	2.00											
DIRECTOR	0.	X						0	0.			
1b Sub-total							•	0.	1,279,714.	2	67,2	49
c Total from continuation sheets to Part VII, S	Section A						•	0.	0.			0
d Total (add lines 1b and 1c)							•	0.	1,279,714.	2	67,2	49
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	ceived more than	\$100,000 of			
- repertable compensation from the enganization	,									1	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											100	Х
4 For any individual listed on line 1a, is the										3		71
organization and related organizations gr	eater than	\$15	0,00	00?	lf	"Yes,	." (complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	ron	any	unı	related organizati	on or individual	5		Х
Section B. Independent Contractors	•										,	
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent c	con	ractor	s t	hat received more	than \$100,000 of	f		

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512-514
ts	1a	Federated campaigns 1a					
툂	b	Membership dues	1,434,707.				
Ę	С	Fundraising events 1c					
2 =	d	Related organizations 1d	8,724,879.				
ביי שיי	е	Government grants (contributions) 1e					
Sis	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	16,796,004.				
탏	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	20,077.				
ਡਂ ਫੋ	h	Total. Add lines 1a-1f		26,955,590.			
			Business Code				
2	2a						
ا و جَ	b						
מַבֵּוֹ	c						
Program service Revenue	d						
ნო	е						
בֿ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
		other similar amounts)		2,026.			2,026
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u> ▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 8,211.					
e l	b	Less: cost or other basis					
venue		and sales expenses 7b 8,407.					
	С	Gain or (loss) 7c -196.					
<u> </u>	d	Net gain or (loss)	<u></u> ▶	-196.			-196
Other Re	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	▶	0.			
<u>s</u>			Business Code				
ا <u>ب</u> و	11a	OTHER INCOME	900099	132.			132
ent	b						
e e	С						
Miscellaneous Revenue	d	All other revenue					
2	e	Total. Add lines 11a-11d		132.			
	12	Total revenue. See instructions		26,957,552.			1,962

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				X
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	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	2,411,310.	2,411,310.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	4,966,320.	4,861,417.	31,871.	73,032.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	1,046,751.	1,026,319.	6,187.	14,245.
10	Payroll taxes	379,924.	372,508.	2,246.	5,170.
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	34,970.	23,443.	18.	11,509.
	Accounting	26,999.	23,157.	3,842.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	16,946.			16,946.
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 4	7,354,754.	4,936,722.		2,418,032.
12	Advertising and promotion	4,975,214.	4,974,420.		794.
13	Office expenses	433,399.	397,247.	64.	36,088.
14	Information technology	16,048.	9,181.	2,153.	4,714.
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	58,052.	54,885.		3,167.
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.	22.724		
19	Conferences, conventions, and meetings	30,292.	29,704.		588.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
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.)				
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4 027 000	4,937,000.		
_	POLITICAL AFFAIRS- SEE SCH C SUBSCRIPTIONS & DUES	4,937,000.	464,922.		1,937.
-	MISCELLANEOUS EXPENSES	194,108.	20,438.	27,859.	145,811.
Ţ		194,100.	20,430.	21,000.	140,011.
d					
	All other expenses Add lines 1 through 24s	27,373,946.	24,567,673.	74,240.	2,732,033.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	21,313,510.	21,301,073.	71,210.	2,,32,033.
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
	· / · · · · · · · · · · · · · · · · · ·	5.			Form 990 (2019)

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Part X Balance Sheet

	ait A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,449,439.	1	2,819,714.
	2	Savings and temporary cash investments	1,062,155.	2	2,575,851.
	3	Pledges and grants receivable, net	95,000.	3	1,317,750.
	4	Accounts receivable, net	0.	4	0.
	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	0.	5	0.
	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)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	128,899.	9	268,549.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	569,175.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,735,493.	16	7,551,039.
	17	Accounts payable and accrued expenses	985,365.	17	1,895,829.
	18	Grants payable	40,000.	18	55,000.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	2,693,524.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,718,889.	26	1,950,829.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	3,946,200.	27	1,474,906.
Ba	28	Net assets with donor restrictions	2,070,404.	28	4,125,304.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
χA	32	Total net assets or fund balances	6,016,604.	32	5,600,210.
Net	33	Total liabilities and net assets/fund balances	9,735,493.	33	7,551,039.
_		Total maximus and not association saidhoos,	2,.33,133.	JJ	Form 990 (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			57,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		73,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			16,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,0	16,6	04.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		5,6	00,2	210.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a 📗			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t 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, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2019

Employer identification number

ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid 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 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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
1	N/A	\$8,724,879.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$1,556,367.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$1,115,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$1,060,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.
, ,	41.)			

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$567,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$566,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
13	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Employer identification number 90-0080500

			20 0000300
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A		Porson X

Person Payroll

Noncash (Complete Part II for noncash contributions.)

\$

100,000.

Employer identification number 90-0080500

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
25	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Х

30

N/A

\$

25,000.

Employer identification number

			90-0080500
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	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
34	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			90-0080500
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Employer identification number

			90-0080500
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ENVIRONMENTAL DEFENSE ACTION FUND

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization ENVIRONMENTAL DEFENSE ACTION FUND **Employer identification number** 90-0080500 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

ıax	i) (see separate mstructions), ther	ı			
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Var	me of organization			Employer ide	ntification number
ΕN	VIRONMENTAL DEFENSE A			90-0080	
Pä	art I-A Complete if the o	organization is exempt under	section 501(c) or i	s a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV. (see in	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	9,025,095.
3		campaign activities (see instruction			
Pa		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5, , , , , , ▶\$	
2		cise tax incurred by organization ma			
3		a section 4955 tax, did it file Form			Yes No
4					Yes No
	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 exe	empt function	
					4,088,095.
2		g organization's funds contributed			
		es			4,937,000.
3		enditures. Add lines 1 and 2. Ente			
					9,025,095.
4	Did the filing organization file	e Form 1120-POL for this year?			X Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	n 527 political organiza	
		s. For each organization listed, en			
		ributions received that were prom nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				rundo. Il riorio, critor o .	delivered to a separate
					political organization. If
					none, enter -0
(1)		1875 CONNECTICUT AVE			
	EDF ACTION VOTES INC	WASHINGTON, DC 20009	84-1880479	4,725,000.	0.
(2)	BETTER COLORADO	1567 S UNIVERSITY BLVD			
	ALLIANCE	DENVER, CO 80210-5446	83-2505764	100,000.	0.
(3)	LEADING COLORADO	1567 S UNIVERSITY BLVD			
. ,	FORWARD	DENVER, CO 80210-6775	83-2522034	100,000.	0.
(4)	RESTORE OUR COAST	3801 CANAL STREET, 400			
	FUND	NEW ORLEANS, LA 70118	84-3067920	7,000.	0.
(5)		1800 M STREET NW, 375N			
	EMILY'S LIST	WASHINGTON, DC 20036	52-1391360	5,000.	0.
(6)					
,		<u> </u>	1		I

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

Schedule C (Form 990 or 990-EZ) 2019

	_					0.0		_
				EFENSE ACTIO			080500 Page	<u> </u>
	art II-A Complete if the org section 501(h)).	anizatior	n is exemp	t under section	1 501(c)(3) and	Tilled Form 5768 (ele	ction under	
Α	Check ► if the filing organize address, EIN, expe					ach affiliated group mem	nber's name,	
В	Check ▶ if the filing organization				•	oly.		
			ng Expendit			(a) Filing	(b) Affiliated	_
	(The term "expenditu)	organization's totals	group totals	
18	a Total lobbying expenditures to in	ıfluence p	ublic opinion	(grassroots lobb	ying)			
k	b Total lobbying expenditures to in	ıfluence a	legislative b	ody (direct lobbyii	ng)			
C	Total lobbying expenditures (add	d lines 1a	and 1b)					
C	d Other exempt purpose expenditu	ures						
e	e Total exempt purpose expenditu	ires (add I	ines 1c and	1d)				
f	f Lobbying nontaxable amount. I	Enter the	amount fro	m the following	table in both			
	columns.							
	If the amount on line 1e, column (a)	or (b) is: T	he lobbying	nontaxable amount i	s:			
	Not over \$500,000	2	0% of the am	ount on line 1e.				
	Over \$500,000 but not over \$1,000	,000 \$	100,000 plus	15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,50	00,000 \$	175,000 plus	10% of the excess	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,0	000,000 \$	225,000 plus	5% of the excess o	ver \$1,500,000.			
	Over \$17,000,000		1,000,000.					
_	g Grassroots nontaxable amount (•	•					
	h Subtract line 1g from line 1a. If a							
	Subtract line 1f from line 1c. If z							
j	i If there is an amount other tha				•			
	reporting section 4911 tax for th						Yes N	ю
			_	ing Period Under	٠,			
	(Some organizations that		-	•	-		nns below.	
		See th	e separate	instructions for li	ines 2a through	2f.)		
		Lobby	ing Expendi	tures During 4-Ye	ear Averaging Pe	eriod		
	Calendar year (or fiscal year beginning in)	(a) 2	016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
28	a Lobbying nontaxable amount							
k	Lobbying ceiling amount (150% of line 2a, column (e))							
C	C Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 5768	3		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
desc	ription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С.	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
ï	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5)	or s	ection			
	501(c)(6).					V	
					_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				2	Λ	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		X
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O					. is	
	answered "Yes."	(,			,	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amoun	ts c	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	e				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	byin	g				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp iist); Part I	I-A, III	ies 1	and
2 (36	e instructions), and Fart ind, time 1. Also, complete this part for any additional information.						
CFF	PAGE 4						
OHE	TAGE 1						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PART I-A:

THE AMOUNT REPORTED ON SCHEDULE C, PART I-A, LINE 2 REFLECTS THE TOTAL AMOUNT OF POLITICAL EXPENDITURES THAT ENVIRONMENTAL DEFENSE ACTION FUND ("EDAF") SPENT ON WORK RELATED TO LIMITED POLITICAL ACTIVITIES ON ENVIRONMENTAL ISSUES IN FY2020. THESE POLITICAL EXPENDITURES WERE DIRECTED TOWARDS THE 2020 ELECTIONS. SPECIFICALLY, EDAF INVESTED IN TARGETED MAIL, TELEPHONE, PRINT, RADIO, BROADCAST AND CABLE TELEVISION, AND DIGITAL ADVERTISING CAMPAIGNS IN CONGRESSIONAL AND STATE-LEVEL RACES IN VARIOUS STATES.

OF THE TOTAL AMOUNT OF POLITICAL EXPENDITURES, \$448,227 WAS SPENT ON STAFF SALARIES (INCLUDING BENEFITS AND OVERHEAD), AND THE REMAINING \$8,576,868 WAS SPENT ON DISCRETIONARY EXPENSES, INCLUDING CONSULTANTS, ADVERTISING AND OTHER VENDORS.

THE TOTAL AMOUNT OF POLITICAL EXPENDITURES REPRESENTS APPROXIMATELY 33% OF EDAF'S OVERALL EXPENDITURES FOR THE YEAR.

POLITICAL EXPENDITURES: \$9,025,095.

VOLUNTEER HOURS: -0-

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)?

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2019

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Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition	on, accession, and	other reco	ds, check	any of th	e follow	ing that make sigr	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	or exchang	e prograr	n		
b	Scholarly research		e _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collectior	ns and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations of	of art, histo	orical treas	ures, or o	other similar		
	assets to be sold to raise funds rath		tained as pa	irt of the o	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV, line	e 9, or re	eported an amoui	nt on Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, truste								_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and con	plete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance					:			
d	Additions during the year.								
е	Distributions during the year					!			
f	Ending balance							1	1
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation	has been p	provided (on Part XIII		
Pa	rt V Endowment Funds.	otion analysed "\	/aa" an Far	000 F	ort IV line	- 10			
	Complete if the organiza				(c) Two yea		() Ti		
		(a) Current year	(b) Prid	or year	(C) Two yea	ars back	(d) Three years back	(e) Four yea	rs dack
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			e (line 1g,	column (a)) held as:	•		
a b	Board designated or quasi-endown Permanent endowment		%						
C	Term endowment ▶								
C	The percentages on lines 2a, 2b, a	- ′ -	100%						
3 a	Are there endowment funds not in			ation that	are held ar	nd admin	istered for the		
Ja	organization by:	the possession of	ine organiza	ation that	are rielu ai	ia admini	istered for the	Ye	s No
	(i) Unrelated organizations							3a(i)	1
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•	•						
_									
	Complete if the organize	ation answered "`	Yes" on Fo						0
	Description of property		or other basis		or other basis ther)		eciation (c	l) Book value	
1a	Land	,		(-	,				
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
	I. Add lines 1a through 1e. (Column		rm 990. Pari	X. columi	n (B), line 1	Oc.)	•		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

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Part VII Investments - Other Securities. Complete if the organization answered	"Vos" on Form 00	00 Part IV line 11h See Form 900	Part Y line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De:	scription		(b) Book value
(1) INTERCOMPANY RECEIVABLE			569,175
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u> ▶	569,175
Part X Other Liabilities.			
Complete if the organization answered line 25.	"Yes" on Form 99	90, Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes	,		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000 0921LR 702V 8/2/2021 7:31:22 AM V 19-8.5F

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2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) c Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IV, line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 4c 4c 5 Total expenses and losses per audited financial statements 2	Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	1	Total revenue, gains, and other support per audited financial statements	1	26,957,552.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Ze6, 957, 552. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Ze7, 373, 946. Part XIII Supplemental Information. Provide the descriptions required for Part III, 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.				
c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 27,373,946. Part XIII Supplemental Information. 2 Part XIII Supplemental Information.	а			
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Add lines 4a and 4b. 5 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Investment expenses not included on Form 990, Part IV, line 11a. a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4b. (This must equal Form 990, Part I, line 18.). 5 27,373,946. Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information.	b			
e Add lines 2a through 2d . 3 Subtract line 2e from line 1 . 3 26,957,552. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII.) . 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . 5 26,957,552. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 1 27,373,946. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities . 2a b Prior year adjustments . 2b c Other losses . 2c d Other (Describe in Part XIII.) . 2d 3 Subtract line 2e from line 1 . 2c 3 Subtract line 2e from line 1 . 3 27,373,946. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII.) . 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 27,373,946. Part XIII Supplemental Information. 5 27,373,946.	С	Recoveries of prior year grants: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	е	Add lines 2a through 2d		06.055.550
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b 4b 4b 4b 4c 5 Color (Describe in Part XIII.) 4c Add lines 4a and 4b	3		3	26,95/,552.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) C Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) C Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4			
c Add lines 4a and 4b		investment expenses not included on Form 550, Fait Vin, inte 75 1 1 1 1 1 1	-	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.		Other (Describe in Factorial)	40	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				26,957,552.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				· · ·
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities				
a Donated services and use of facilities b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, 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 XIII, lines 2d and 4b. Also complete this part to provide any additional information.	1	Total expenses and losses per audited financial statements	1	27,373,946.
b Prior year adjustments	2			
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	а	Defiated services and use of labilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	b	Thor year adjustments	-	
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	С	Cutic 1030c3 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	-	
3 27,373,946. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	d			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b				27 373 946
a Investment expenses not included on Form 990, Part VIII, line 7b			3	27,373,310.
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		investment expenses not included on Form 550, Fait Vin, inc 75	1	
Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		Other (Beschibe in Lare Allie)	4c	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			-	27,373,946.
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part			
	2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Page 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

IN ACCORDANCE WITH U.S. GAAP, ENVIRONMENTAL DEFENSE ACTION FUND (THE "REPORTING ORGANIZATION") MUST RECOGNIZE A TAX LIABILITY ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE REPORTING ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

90-0080500 ENVIRONMENTAL DEFENSE ACTION FUND General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14	0.				
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	the grants or		tion criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		25,000.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
3a	Subtotal					25,000.
	Total from continuation sheets to Part I					23,000.
С	Totals (add lines 3a and 3b)					25,000.

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	OCEANS	25,000.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has prov	rided a section 501(c)(3) e	quivalency lette	er		>		1.

ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8)

Schedule F (Form 990) 2019

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2019 Page 4

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926) Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	s X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	s X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	s X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	s X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

THE FUNDS PROVIDED UNDER THE GRANT AGREEMENT MUST BE USED FOR THE PROJECT AS AGREED UPON AND MAY NOT BE EXPENDED FOR ANY OTHER PURPOSES. GRANTEE MAY NOT SUB-GRANT ANY OF THESE GRANT FUNDS OR SUBCONTRACT ANY OF THE WORK UNDER THE GRANT AGREEMENT WITHOUT EDAF'S PRIOR WRITTEN APPROVAL, UNLESS EXPLICITLY PROVIDED FOR IN THE PROJECT DESCRIPTION. ANY FUNDS NOT USED FOR THE PURPOSE OF THE GRANT AND ANY FUNDS REMAINING IN THE POSSESSION OF GRANTEE AFTER THE COMPLETION OF THE PROJECT SHALL BE RETURNED TO EDAF.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations е Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Χ Phone solicitations Special fundraising events C g X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 23,832. 16,946 6,886. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MA, MI, MN, MS, MO, NV, NH, NJ, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi			
		3 1 3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes	<u> </u>			
	6	Rent/facility costs	<u> </u>			
	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	l			
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)		
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, lin	anization answered "` e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue	<u> </u>			
ses	2	Cash prizes				
Expenses	3	Noncash prizes	<u> </u>			
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)	>	
9 8	ì	Enter the state(s) in which the orgals the organization licensed to configure and the state of t		in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		• •	Yes No

Sched	lule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
~	amount of gaming revenue retained by the third party \$\bigs\ \bigs\ \bigs\
С	If "Yes," enter name and address of the third party:
•	The state of the s
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	, , ,

Schedule G (Form 990 or 990-EZ) 2019

LOS ANGELES
CA 90245

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		YES NO			
GORDON & SCHWENKMEYER,	DIRECT				
INC.	FUNDRAISING	X	23,832.	16,946.	6,886.
360 N. SEPULVEDA BOULEVARD, SUITE 1055					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2019

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

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

Open to Public Inspection

Name of the organization		Employer identification number						
ENVIRONMENTAL DEFENSE ACTION FUND	NVIRONMENTAL DEFENSE ACTION FUND							
Part I General Information on Grants and	d Assistanc	е				<u> </u>		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_			additional space is n		es" on Form 990,	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) AMERICAN BRIDGE 21ST CENTURY FOUNDATION								
455 MASSACHUSETTS AVE, WASHINGTON, DC 20001	27-5278038	501(C)(4)	100,000.				POLITICAL AFFAIRS	
(2) BONNEVILLE ENVIRONMENTAL FOUNDATION								
1500 SW FIRST AVENUE PORTLAND, OR 97201	93-1248274	501(C)(3)	16,000.				ECOSYSTEMS	
(3) BUSINESS COUNCIL FOR SUSTAINABLE ENERGY FDN								
805 15TH STREET, WASHINGTON, DC 20005	32-0491335	501(C)(3)	6,000.				POLITICAL AFFAIRS	
(4) CLEAN AND PROSPEROUS AMERICA								
2937 54TH AVE SW, STE A, TUMWATER, WA 98512	84-3565108	501(C)(4)	100,000.				POLITICAL AFFAIRS	
(5) CONSERVATION VOTERS NEW MEXICO								
200 W. DE VARGAS STREET, SANTA FE, NM 87501	20-0016255	501(C)(4)	15,000.				ENERGY	
(6) EVANGELICAL ENVIRONMENTAL NETWORK								
9365 COUNSELORS ROW, INDIANAPOLIS, IN 46240	23-2827214	501(C)(3)	30,000.				ENERGY	
(7) FRIENDS OF ST. VRAIN AND LEFT HAND WATER								
6154 FLATTOP STREET GOLDEN, CO 80403	85-3180653	501(C)(4)	20,000.				POLITICAL AFFAIRS	
(8) LATINO VICTORY FUND								
1123 MICHIGAN AVE, NE, WASHINGTON, DC 20017	47-1708133	501(C)(4)	15,000.				POLITICAL AFFAIRS	
(9) LATINO VICTORY PROJECT								
700 14TH ST. NW, WASHINGTON, DC 20005	46-4651149	501(C)(4)	23,000.				POLITICAL AFFAIRS	
(10) MI FAMILIA VOTA EDUCATION FUND								
1710 E. INDIAN SCHOOL RD, PHOENIX, AZ 85016	20-0182824	501(C)(3)	30,000.				POLITICAL AFFAIRS	
(11) NATIONAL AUDUBON SOCIETY, INC.								
225 VARICK ST. 7TH FL, NEW YORK, NY 10014	13-1624102	501(C)(3)	34,500.				ECOSYSTEMS	
(12) NATURAL RESOURCES COUNCIL OF MAINE ACTION								
3 WADE STREET, AUGUSTA, ME 4330	82-1044033	501(C)(3)	15,000.				POLITICAL AFFAIRS	
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	ole				
3 Enter total number of other organizations list	ted in the line	1 table	<u></u>		<u> </u>	<u>. . </u>		
For Paperwork Reduction Act Notice, see the Instruct							nedule I (Form 990) (2019)	

JSA

9E1288 1.000

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Employer identification number Name of the organization ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) OCEAN CONSERVANCY, INC. 1300 19TH STREET, NW, WASHINGTON, DC 20036 23-7245152 501(C)(3) 268,510. (2) PARTNERSHIP PROJECT ACTION FUND C/O THE WILDERNESS, WASHINGTON, DC 20036 81-0606786 501(C)(4) 100,000. POLITICAL AFFAIRS (3) PENNSYLVANIA ENVIRONMENTAL COUNCIL, INC. 2124 PENN AVE, 2ND FL, PITTSBURGH, PA 15222 23-7286159 501(C)(3) 149,000. ENERGY (4) POLITICO LLC 27-4022975 1000 WILSON BLVD, ARLINGTON, VA 22209 501(C)(4) 24,000. POLITICAL AFFAIRS (5) PROGRESSIVE STATE LEADERS COMMITTEE 1401 H STREET NW, WASHINGTON, DC 20005 05-0623909 501(C)(3) 25,000. POLITICAL AFFAIRS (6) RENEW OREGON ACTION FUND P.O. BOX 5999, PORTLAND, OR 97228 47-3840696 501(C)(4) 10,000 CLIMATE (7) SEAFOOD HARVESTERS OF AMERICA EDUCATION FD 3033 WILSON BLVD, SUITE 765 46-5539528 501(C)(3) 10,000. OCEANS (8) STATE OF ARIZONA DBA ARIZONA DEPT. OF WATER 1110 W. WASHINGTON ST., PHOENIX, AZ 85007 86-6004791 501(C)(3) 1,275,000 ECOSYSTEMS (9) TIDES ADVOCACY 1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129 94-3153687 501(C)(4) 55,000. POLITICAL AFFAIRS (10)(11)(12)11. 10.

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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 non-cash assistance
_1					
_2					
_3					
_4					
_ 5					
_6					
_ 7					

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

PART I, LINE 2:

ENVIRONMENTAL DEFENSE ACTION FUND ("EDAF") HAS A NUMBER OF GRANTS AND
OTHER ASSISTANCE IT PROVIDES TO ORGANIZATIONS IN THE UNITED STATES. THE
MAJORITY OF THESE GRANTS ARE TO OTHER LIKE-MINDED ENTITIES THAT PERFORM
WORK ALONGSIDE OF EDAF IN THE ACCOMPLISHMENT OF ITS MISSION. EDAF
MONITORS THE PERFORMANCE OF THE GRANT RECIPIENTS BY WRITTEN REPORTS, SITE
VISITS, VERBAL COMMUNICATION AND REVIEW. PARTIAL PAYMENTS ARE TYPICALLY
MADE ON A GRANT UNTIL A PATTERN OF PROVEN ACHIEVEMENTS ON OBJECTIVES IS
DEMONSTRATED. IN THE END, THE GRANTEE TYPICALLY PREPARES A REPORT TO EDAF
ON THE USE OF GRANT FUNDS, BOTH BY ITSELF AND BY ANY SUB-GRANT

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

RECIPIENTS.

SCHEDULE J (Form 990)

Compensation Information

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

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

20**19**Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ENVIRONMENTAL DEFENSE ACTION FUND

Employer identification number

90-0080500

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

payments not described on lines 5 and 6? If "Yes," describe in Part III.

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

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

Schedule J (Form 990) 2019

7

8

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X

ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOE BONFIGLIO (SEE SCH.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	220,764.	5,000.	0.	42,032.	31,248.	299,044.	0.
FREDERIC D. KRUPP	(i)	0.	0.	0.	0.	0.	0.	0.
2EXECUTIVE DIRECTOR	(ii)	631,539.	95,758.	0.	72,000.	25,805.	825,102.	0.
WILLIAM O'BRIEN	(i)	0.	0.	0.	0.	0.	0.	0.
3CHIEF FINANCIAL OFFICER	(ii)	316,653.	10,000.	0.	59,713.	36,451.	422,817.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

ENVIRONMENTAL DEFENSE ACTION FUND 90-0080500

Schedule J (Form 990) 2019

Part | Supplemental Information

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

PART I, LINE 3:

ENVIRONMENTAL DEFENSE FUND, INCORPORATED ("EDF"), A RELATED 501(C)(3)

ORGANIZATION, PAID COMPENSATION TO THE REPORTING ORGANIZATION'S TOP

MANAGEMENT OFFICIAL. EDF HAS ESTABLISHED THE COMPENSATION OF THE TOP

MANAGEMENT OFFICIAL USING COMPENSATION COMMITTEE, INDEPENDENT

COMPENSATION COMMITTEE, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION

SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B:

ENVIRONMENTAL DEFENSE FUND, INCORPORATED, A RELATED 501(C)(3)

ORGANIZATION, ESTABLISHED A 457(F) DEFERRED-COMPENSATION PLAN FOR

FREDERIC D. KRUPP, EXECUTIVE DIRECTOR, TO SUPPORT A THREE-YEAR MILESTONE

BONUS THAT CLIFF VESTED IN ITS ENTIRETY ON JANUARY 31, 2020.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

90-0080500

ENVIRONMENTAL DEFENSE ACTION FUND

FORM 990, PART VI, SECTION A, LINE 7A:

FORM 990, PART VI, SECTION A, LINE 6:
ENVIRONMENTAL DEFENSE ACTION FUND HAS TWO CLASSES OF MEMBERS, THE
DIRECTORS-MEMBERS AND THE DONOR-MEMBERS.

UNDER THE BYLAWS OF ENVIRONMENTAL DEFENSE ACTION FUND ("EDAF") THE BOARD OF DIRECTORS OF ENVIRONMENTAL DEFENSE FUND, INCORPORATED ("EDF"), A RELATED 501(C)(3) ORGANIZATION, HAS THE RIGHT TO APPOINT CANDIDATES TO BE ELECTED BY THE EDAF BOARD TO REPLACE DIRECTORS WHOSE TERMS HAVE EXPIRED AND THE RIGHT TO APPOINT DIRECTORS TO FILL VACANCIES.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE BYLAWS OF ENVIRONMENTAL DEFENSE ACTION FUND ("EDAF") THE BOARD

OF DIRECTORS OF ENVIRONMENTAL DEFENSE FUND, INCORPORATED. ("EDF"), A

RELATED 501(C)(3) ORGANIZATION, HAS THE RIGHT TO FIX THE NUMBER OF

DIRECTORS ON THE EDAF BOARD FROM TIME TO TIME AND THE RIGHT TO REMOVE

DIRECTORS FROM THE EDAF BOARD.

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

THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT AND MEMBERS OF

SENIOR MANAGEMENT. THE AUDIT COMMITTEE THEN REVIEWS ANY SIGNIFICANT

ISSUES OR JUDGEMENTS RELATING TO DISCLOSURES IN THE REPORTING

ORGANIZATION'S FORM 990. AFTERWARDS, A COPY OF THE DRAFT FORM 990 IS

Name of the organization

Employer identification number

ENVIRONMENTAL DEFENSE ACTION FUND

90-0080500

CIRCULATED TO THE FULL BOARD OF DIRECTOR FOR DISCUSSION AND COMMENT PRIOR TO ITS FILING WITH THE IRS.

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

IT IS THE RESPONSIBILITY OF ALL DIRECTORS AND EMPLOYEES OF THE

ORGANIZATION TO FAMILIARIZE THEMSELVES WITH THE CONFLICTS OF INTEREST

POLICY AND TO ENSURE COMPLIANCE OF RELATED PARTIES WITH IT. IN ADDITION

TO THE DISCLOSURES REQUIRED BY THIS POLICY, EACH DIRECTOR AND KEY

EMPLOYEE WAS PROVIDED WITH A STATEMENT TO COMPLETE AND RETURN INDICATING

THAT THEY HAVE READ, UNDERSTAND AND ARE IN COMPLIANCE WITH THIS POLICY.

DIRECTORS WHO KNOWINGLY OR UNKNOWINGLY VIOLATE THE POLICY ARE SUBJECT TO

CENSURE OR REMOVAL AT THE DISCRETION OF THE BOARD OF DIRECTORS. EMPLOYEES

WHO KNOWINGLY OR UNKNOWINGLY VIOLATE THE POLICY WILL BE SUBJECT TO

DISCIPLINARY ACTION, INCLUDING POSSIBLE DISMISSAL. ALL NEW BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICER OR KEY EMPLOYEE.

ARE REQUIRED TO MAKE CONFLICT OF INTEREST DISCLOSURES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 3:

JOE BONFIGLIO'S, PRESIDENT, COMPENSATION REPORTED ON PART VII WAS PAID BY

ENVIRONMENTAL DEFENSE FUND, INCORPORATED, A RELATED 501(C)(3)

ORGANIZATION.

Name of the organization ENVIRONMENTAL DEFENSE ACTION FUND

Employer identification number 90-0080500

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

STABILIZING CLIMATE - THE ROLE OF ENVIRONMENTAL DEFENSE ACTION FUND (EDF ACTION) IN LEGISLATIVE CHANGE COMPLEMENTS THAT OF ITS SISTER ORGANIZATION, ENVIRONMENTAL DEFENSE FUND (EDF). THE TWO ORGANIZATIONS TAKE ON DIFFERENT ROLES IN ACHIEVING COMMON OBJECTIVES. EDF ACTION WAS INVOLVED IN LOBBYING AND LEGISLATIVE WORK WHILE EDF SUPPORTED RESEARCH, SCIENTIFIC ANALYSIS, AND POLICY POSITIONING. IN 2020, EDF ACTION WORKED TO SUPPORT SEVERAL BILLS INTRODUCED IN CONGRESS THAT WOULD ADVANCE CLEAN TRANSPORTATION, CLEAN ENERGY, AND METHANE REDUCTIONS, AND BOOST THE ECONOMY, INVEST IN A CLEAN ENERGY FUTURE, AND ADDRESS ENVIRONMENTAL EQUITY. EDF ACTION HELPED GENERATE MORE THAN 550,000 MESSAGES TO CONGRESS TO SUPPORT AND SHAPE LEGISLATION. EDF ACTION WAS ALSO ACTIVE AT THE STATE LEVEL, EDF ACTION ALSO INVESTED IN KEY STATES, SECURING COMMITMENTS TO ACCELERATE THE MOVE TO ZERO-EMISSION VEHICLES, ADVANCE STATE REGULATIONS TO ACHIEVE CARBON REDUCTION GOALS AND URGING INVESTMENTS IN NATURAL INFRASTRUCTURE. EDF ACTION ALSO EXECUTED LOBBYING STRATEGIES TO PROTECT OCEAN HEALTH, CLIMATE SMART AGRICULTURE, CHEMICAL SAFETY AND COASTAL RESILIENCE.

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

ENVIRONMENTAL DEFENSE ACTION FUND

90-0080500

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, IL, KS, KY, LA, ME, MA, MI,

 $\mathtt{MN}, \mathtt{MS}, \mathtt{MO}, \mathtt{NV}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NY}, \mathtt{ND}, \mathtt{OH}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BULLY PULPIT INTERACTIVE, LLC 1140 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	MEDIA ADVERTISING	467,258.
GLOBAL STRATEGY GROUP, LLC 895 BROADWAY, FIFTH FLOOR NEW YORK, NY 10003	STRATEGY CONSULTING	349,000.
SKDKNICKERBOCKER, LLC 1150 18TH STREET NW, SUITE 800 WASHINGTON, DC 20036	MEDIA ADVERTISING	347,473.
WEARERALLY INC. DBA RALLY 10474 SANTA MONICA BOULEVARD, SUITE 405 LOS ANGELES, CA 90025	MEDIA ADVERTISING	225,000.
FREED, CLAYT DBA 360 CAMPAIGN CONSULTING 305 SARANAC WAY ITHACA, NY 14850	CAMPAIGN CONSULTING	190,075.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER PROFESSIONAL FEES	7,354,754.	4,936,722.	0.	2,418,032.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Employer identification number Name of the organization 90-0080500 ENVIRONMENTAL DEFENSE ACTION FUND ATTACHMENT 4 (CONT'D)

FORM 990, PART IX - OTHER FEES

(D) (A) (B) (C) TOTAL PROGRAM MANAGEMENT FUNDRAISING

FEES SERVICE EXP. EXPENSES DESCRIPTION AND GENERAL

7,354,754. 4,936,722. 2,418,032. TOTALS 0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ENVIRONMENTAL DEFENSE ACTION FUND

Employer identification number 90-0080500

Part I	art I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) (f) Public charity status (if section 501(c)(3)) Urect controlling entity		conti	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)
						Yes	No
(1) ENVIRONMENTAL DEFENSE FUND, INC. 11-6107128							
275 PARK AVENUE SOUTH NEW YORK, NY 10010	ENVIRONMENTAL	NY	501(C)(3)	7	N/A		X
(2) ENVIRONMENTAL DEFENSE FUND DE MEXICO, AC							
REVOLUCIÓN NO. 345 LA PAZ, MX CP 23000	OCEAN PRESER.	MX	N/A	N/A	N/A		X
(3) ENVIRONMENTAL DEFENSE FUND EUROPE							
6-10 BOROUGH HIGH STREET LONDON, UK SE1 9QQ	OCEANS/ENERGY	UK	N/A	N/A	N/A		X
(4) ENVIRONMENTAL DEFENSE ACTION FUND PAC 84-4194778							
1875 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009	SEE PART VII	NY	SECTION 527	N/A	N/A		X
(5) EDF ACTION VOTES INC. 84-1880479							
P.O. BOX 53322 WASHINGTON, DC 20009	SEE PART VII	DE	SECTION 527	N/A	N/A		X
(6) RESTORE OUR COAST FUND 84-3067920							
3801 CANAL STREET, SUITE 400 NEW ORLEANS, LA 70118	SEE PART VII	LA	SECTION 527	N/A	N/A		X
(7)							
							İ

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Part III	Identification of Relat	ted Organizations	Taxable	e as a Partnersl	hip. Complete if the	organization a	inswered "Yes"	on Form	n 990, Part IV,	line 34,	
art III	because it had one or	more related orga	anization	is treated as a p	artnership during the	e tax year.					
											_

٨	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) edominant me (related, nrelated, luded from ax under ns 512 - 514)					h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	x 20 managing K-1 partner?		(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No			
<u>(1)</u>															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (Form 990) 2019

_____ Page **3**

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

	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		тe	s No		
1 [During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a l	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	18	a	X		
	Gift, grant, or capital contribution to related organization(s)		_	X		
	Gift, grant, or capital contribution from related organization(s)		2	Σ		
	Loans or loan guarantees to or for related organization(s)		2 k	Σ		
	Loans or loan guarantees by related organization(s)		•	X		
f I	Dividends from related organization(s)	11	f	X		
g S	Sale of assets to related organization(s)	19	9	X		
	Purchase of assets from related organization(s)	_ 1ŀ	า 📗	X		
i i	Exchange of assets with related organization(s)	1	i	X		
	Lease of facilities, equipment, or other assets to related organization(s)		j	X		
•	, 11 , , , , , , , , , , , , , , , , ,					
k l	Lease of facilities, equipment, or other assets from related organization(s)	_ 11	、	X		
	Performance of services or membership or fundraising solicitations for related organization(s)		ı	X		
	Performance of services or membership or fundraising solicitations by related organization(s)		n	X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1 2	Σ Σ		
	Sharing of paid employees with related organization(s)		2	Σ		
p l	Reimbursement paid to related organization(s) for expenses	. 1	o	X		
	Reimbursement paid by related organization(s) for expenses			X		
4	, and a second of the second o					
r (Other transfer of cash or property to related organization(s)	_ 1:	r	Х		
s (Other transfer of cash or property from related organization(s).	19	3	X		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						
	(a) (b) (c) Name of related organization Transaction Amount involved Metho	(d)				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDF ACTION VOTES INC.	N, O	222,000.	FMV
(2) RESTORE OUR COAST FUND	N, O	40,430.	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	Are all sec 501 organiz	partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man: part	ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	,	Yes	No	
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(4.0)													
(16)													

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page **5**

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II:

LINE 4: ENVIRONMENTAL DEFENSE ACTION FUND PAC:

COLUMN (B), PRIMARY ACTIVITY - ELECTORAL ACTIVITIES

COLUMN (C), LEGAL DOMICILE - NOT ORGANIZED UNDER ANY PARTICULAR STATE

LAW

LINE 5: EDF ACTION VOTES INC.:

COLUMN (B), PRIMARY ACTIVITY - ELECTORAL ACTIVITIES

LINE 6: RESTORE OUR COAST FUND:

COLUMN (B), PRIMARY ACTIVITY - ELECTORAL ACTIVITIES

PART V, LINE 2, COLUMN (C):

THE AMOUNTS INVOLVED AND REPORTED IN COLUMN (C) WERE DONATED AND IN-KIND

(I.E., WITHOUT PAYMENT) IN CONNECTION WITH SHARING OF FACILITIES,

EQUIPMENT, MAILING LISTS, OTHER ASSETS, OR PAID EMPLOYEES WITH RELATED

ORGANIZATION(S).

Reported on Friday 3:31pm (6 Aug 2021	Taxpayer ENVIRONMENTAL DEFENSE ACTION FUND
Account 702V		Tax Return 0921LR
Tax Type 990		Tax Year 2019
Federal		
Severity	Reject	
Form No	F990-913	
Record Name	IRS990	
Form Occurrence No	0	
Field Seq No	0	
Page No	1	
Reject Code	F990-913-01	
Rule Number	F990-913-01	
XML Path	/efile:Return/efile:ReturnData	a/efile:IRS990/efile:Organization501cInd
Error Message	database.Click for more infor	in Item I, must match data in the efile mation nl/AllYears/efile_rejects/Content/990/FED/F990-

- 1. Make any changes that may be needed from the information above.
- 2. Recompute and print the return.
- 3. Review and clear outstanding electronic filing diagnostics.
- 4. Create the Electronic File and close the return.

- 5. From the browser, select Returns | Process | Electronic Filing | Search for Federal and\or State; ready to send.
- 6. Select the locators to be submitted to IRS, and click Submit.
- . The Taxpayer must re-sign Form 8453 if any information has changed.

Please contact Thomson Reuters Support with questions.