0460	EO	Exempt Organization Declaration and Signature	∍ for	_01	MB No. 1545-1879
Form 8453	-EU	Electronic filing			
Department of the Tr		For calendar year 2010, or tax year beginning 10/01, 2010, and ending 09/3.  For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  See Instructions on back.	5150 Æ#		2010
Internal Revenue Ser Name of exempt o			Employer I	dentific	ation number
ENVIRON	MENTAI	DEFENSE ACTION FUND	90-0	<u>0805</u>	500
		turn and Return Information (Whole Dollars Only)			
check the box leave line 1b.	c oก เโกษา 2b. 3b. 4	type of return being filed with Form 8453-EO and enter the applicable amount a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on o not complete more than one line in Part I.	JYVIUN UN	SIUHH	i was mank, men
2a Form 990 3a Form 112	-EZ chec :0-POL c -PF chec	eck here b Total tax (Form 1120-POL, line 22)  there b Tax based on investment income (Form 990-PF, Part VI, line)	2b 3b e5) 4b		855,111.
Part II De	alaratia	of Officer	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
withdrorgan  I mus date. Inform  If a consection of the IRS and delay in process  Sign	rawal (dirazama) (dira	U.S. Treasury and its designated Financial Agent to Initiate an Automated Clear and the financial institution account indicated in the tax preparated and taxes owed on this return; and the financial institution to debit the entry to the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days horize the financial Institutions involved in the processing of the electronic payment assary to answer inquiries and resolve issues related to the payment. In return is being filled with a state agency(les) regulating charities as part of the IRS ectronic disclosure consent contained within this return allowing disclosure by the III declare that I am an officer of the above named organization and that onto return and accompanying schedules and statements, and to the best of my kn further declare that the amount in Part I above is the amount shown on the content of the IRS (a) an acknowledgement of receipt or reason for rejection of the IRS and or refund, and (c) the date of any refund.  O3/16/2012  CHIEF F. Date	in accourting accourting accourting to the second accourting accounting a second accounting account	program progra	reyorker to the revoke a payment, yment (settlement) eceive confidential am, it certify that it 990/990-EZ/990-d a copy of the lief, they are true, lief, they are true, ganization's return he reason for any
I declare that I my knowledge. on the return.	have review of the organ	of Electronic Return Originator (ERO) and Paid Preparer see instruction ewed the above organization's return and that the entries on Form 8453-EO are concluded to the collector, I am not responsible for reviewing the return and only declare that this return officer will have signed this form before I submit the return. I will give the the the IRS, and have followed all other requirements in Pub. 4163, Modernized e-Fill siness Returns. If I am also the Paid Preparer, under penalties of perjury I declare	mplete an s form ac o officer ( e (MeF) in	curately a. copy iformati	y renects the data of all forms and ion for Authorized
omanization's re	elum end	accompanying schedules and statements, and to the best of my knowledge and electration is based on all information of which I have any knowledge.    Date   Check II   Check II	Deliet, the	ny are Ps8SNo	true, correct, and
ERO's ERO	rs ature	A Ilea (Au 3/16/12 also palo X emoloyed	{	07368	
Use		EISNORAMPER LLP	EN 13		
- tim	's name (or s if self-empl ose, and ZIP	yed), 750 THIRD AVENUE	_		
		oodo NEW YORK NY 10017-2703		*	· · · · · · · · · · · · · · · · · · ·
Under pensities of and belief, they are	Inje, correc	declare that I have examined the above return and accompanying schedules and statement and complete. Declaration of preparer is based on all information of which the preparer has any knowle	a, and to dge,	the bas	
<u></u>	PrintType	preparer's name Preparer's signature Date	Check	if	PTIN
Paid			self-emplo		
Preparer's	Firm's nan		Phone no.		
Use Only	Firm's add	056		•	·
For Privacy Act	and Panes	rork Reduction Act Notice, see back of form.	<u> </u>	Form	8453-EO (2010)
JSA	πια υαίλου	ALL LENNANDEL LINE LINE LANGUAGE AND	- X(T,	- 31111	— /matel
0E1676 0.060		•			

### Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No. 1546-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

ΑI	For t	he 201	0 calendar year, or tax year beginning $10/01$ , 2010, and er	nding		/30, 20 11
			C Name of organization		D Employer Identific	the state of the s
В	Thook if	applicables	ENVIRONMENTAL DEFENSE ACTION FUND		90-008050	0
Г		fress inge	Doing Business As			
$\vdash$	-1	ne ohange	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ille	E Telephone numbe	r
$\vdash$	Luk)	lat retur	257 PARK AVENUE SOUTH		(212) 505-2	100
<u> </u>		missied	City or town, state or country, and ZIP + 4			
$\vdash$	→	anded	NEW YORK, NY 10010		G Gross receipts \$	1,855,111.
-	relu App	wa Wastion	F Name and address of principal officer: FREDERIC D. KRUPP		H(a) is this a group retu	rn for Yes X No
257 PARK AVENUE SOUTH NEW YORK, NY 10010  H(h) Are all affiliates included? Yes						
-	-			527	if "No," attach a list	
<u>-</u>		empt st	atus:   501(c)(3)   X   501(c)(4)   4947(a)(1) or   WWW, EDF, ORG	102,1	H(c) Group exemption n	
				ar of format	tion: 2002 M State	
_	_		nearth softpotanti	sai oi tornat	don. Book in Oako	arrogar dominios.
26	rt I		mmary			
	1	Briefly	describe the organization's mission or most significant activities:	ONGEDU	7ATTON	
ą,		TO	EDUCATE THE PUBLIC REGARDING ENVIRONMNENTAL AND C		THUE	
äŭ			JES, AND ADVOCATE LEGISLATION AND POLICIES THAT E	TOI DOL		
Governance			IRONMENTAL RIGHTS OF ALL PEOPLE.			
Š	2		this box 🕨 🔃 if the organization discontinued its operations or disposed of more			10
۵ĕ	3		er of voting members of the governing body (Part VI, line 1a)			18. 18.
3	4	Numbe	er of Independent voting members of the governing body (Part VI, line 1b)			
ž	5	Total r	number of Individuals employed in calendar year 2010 (Part V, line 2a)		5	0.
Activities	6	Total r	number of volunteers (estimate if necessary)		6	0.
-	7-a	Total g	pross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net un	related business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
60	8	Contril	butions and grants (Part VIII, line 1h)		10,085,937.	1,855,111.
Revenue	9		m service revenue (Part VIII, line 2g)		0.	0.
èvė	10.		ment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	726.	0.
- 1	12		evenue - add Ilnes 8 through 11 (must equal Part VIII, column (A), line 12)		10,086,663.	1,855,111.
_	13		and similar amounts paid (Part IX, column (A), lines 1-3)		2,258,000.	1,676,158.
	14		ts paid to or for members (Part IX, column (A), line 4)	' '	0.	0.
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	' '	1,116,348.	810,192.
38				' '	0.	0.
Expenses	.100	. Tatal fi	sional fundralsing fees (Part IX, column (A), line 11e) undralsing expenses (Part IX, column (D), line 25)  174,859.			
ă			expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		9,078,829.	2,337,435.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• •	12,453,177.	4,823,785.
	18		ue less expenses. Subtract line 18 from line 12		-2,366,514.	-2,968,674.
<u>د ۾</u>		Keveni	de less experises. Subtract line to noth line 12	• • • • • • • • • • • • • • • • • • • •	ning of Current Year	End of Year
\$ E	-		1 (Day 134 C 46)		9,183,716.	5,361,641.
72 (SI	20		ssets (Part X, line 16)	• •	1,043,509.	190,108.
절	21		abilities (Part X, line 26)	• •	8,140,207.	5,171,533.
Ž	22		sets or fund balances. Subtract line 21 from line 20		0/120/2011	0,11,2,000,
Pa	rt II	Sig	nature Block	nents, and to	the best of my knowle	dge and belief, it is true,
CON	ect, a	nd compl	perjury. I declare that I have examined this return, including accompanying schedules and staten etc. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowle	dge.	
_			1) es declusion		3/1	4/12
	gn	7	Signature of officer	····	Date	
н	ere	ľ°	Defer AccidNO TREASURER	+ Ca	Fo	
		=				· · · · · · · · · · · · · · · · · · ·
		1	ype er print name and title  voe granarer's name Preparer's signature Date		Check If	PTIN
aid		( 1		16/12	self- employed	P00736879
	arer <sup>4</sup>	ווחו			_ <del></del>	1639826
•	Only	Firm's	270 THE PROPERTY STATES STATES STATES AND A 2707			949-8700
	-	Fim's e	address > 750 THIRD AVENUE NEW YORK, NY 10017-2703		Phone no. 212	
/lay	the II	RS disc	uss this return with the preparer shown above? (see instructions)	• • • • •	* * * * * * * * * *	X Yes No

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission: TO EDUCATE THE PUBLIC REGARDING ENVIRONMNENTAL AND CONSERVATION ISSUES, AND ADVOCATE LEGISLATION AND POLICIES THAT PROTECT THE	
	ENVIRONMENTAL RIGHTS OF ALL PEOPLE.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$4,517,673. including grants of \$1,676,158. ) (Revenue \$	.)
		<u></u>
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	.)
		****
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses 4 . 517 . 673 .	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		Х
	Part III	<b>-</b>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		Х
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			***********
а		11a		Х
	Schedule D, Part VI	114		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		23
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and $IV \cdot \cdot$	14b		Х
4 =	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	, -, -,		
15		15		Х
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	10		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Х
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	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 hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	0.4	Х	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		Х
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			
		23	Х	
24 a	employees? If "Yes," complete Schedule J			
24 a	\$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 25	24a		Х
b		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
d	in the contract of the contrac	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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):	3.13.34.3 36.52.34.3		
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	.		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	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			
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, Parts II, III,			
•	IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	100:
		Lorm	WMII I	(2010)

Par	Check if Schedule O contains a response to any question in this Part V			$\Box$
	Chock is contound a cooperior to any quotient in the care to the contour in the care to the contour in the care to		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		10.00
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
	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	)		
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)			.,
	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," provide an explanation in 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	4a		Х
	account)?	74		
	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	50		
	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?	5 b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		37	
	gifts were not tax deductible?	6b	X	
	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	7a		salationstation
	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year?			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
а	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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 reserves on hand	11-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
O	ii ies, nas it nieu a i onni izo to report mese payments: ii ivo, provide an explanation in schedule O	1.70		

90-0000500

Form !	990 (2010) 90-00-0500			Page 6
Par	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o			
	Schedule O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management	-		
		~~~	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   18		a di di di	110000
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		350	
-	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			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a			**	
	form?	11a	Х	. Transportage
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Х	
	rise to conflicts?	12b	Λ_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	Y	
	describe in Schedule O how this is done	12c	X	<del>                                     </del>
13	Does the organization have a written whistleblower policy?	13 14	X	
14	Does the organization have a written document retention and destruction policy?	14		
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?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	1000-0-
a b	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		115,077,00	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
···	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		RANGE.	333030
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	)	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   PETER ACCINNO C/O EDF 257 PARK AVENUE SOUTH NEW YORK, NY 10010  (212) 616-1202	ne 		

organization's tax year.

(A)

### Part VII Compensation of Officers, D. ectors, Trustees, Key Employees, Highest compensated Employees, and 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
- 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."

(B)

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(C)

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

Name and Title	Average	Posit	tion (	chec	k all	that app		Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) FRANK LOY CO-CHAIR	2.00	Х		Х				0.	0.	0.
(2)WILLIAM R. GOODELL CO-CHAIR	2.00			Х				0.	0.	0.
(3)WENDY ABRAMS SECRETARY	2.00	Х		Х				0.	0.	0.
(4) SHELBY W. BONNIE TRUSTEE	2.00	Х						0.	0.	0.
(5)BRIAN CONBOY TRUSTEE	2.00	Х						0.	0.	. 0.
(6) THOMAS F. DARDEN TRUSTEE	2.00	Х			300-T			0.	0.	0.
(7) RICHARD H. DAVIS TRUSTEE	2.00	Х						0.	0.	0.
(8) STANLEY DRUCKENMILLER TRUSTEE	2.00	Х						0.	0.	0.
(9)KIRSTEN J. FELDMAN TRUSTEE	2.00	Х						0.	0.	0.
(10)CARL_FERENBACH TRUSTEE	2.00	X						0.	0.	0.
(11)CHARLES J. HAMILTON, JR. TRUSTEE	2.00	Х						0.	0	0.
(12)THE HONORABLE THOMAS H. KEAN TRUSTEE	2.00	Х						0.	0.	0.
(13)SUSAN MANDEL TRUSTEE	2.00	Х						0.	0.	0.

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0

0

0

(14)DOUGLAS W.

TRUSTEE

TRUSTEE

TRUSTEE

(15)ADELE SIMMONS

(16)JEFFREY P. WILLIAMS

2.00

2.00

2.00

Х

Х

X

SHORENSTEIN

0

0

0

0.

0.

Ω.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	o trustee	Officer	Key employee	Highest compensated at employee	p) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rel organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
(17) PAUL JUNGER WITT											
TRUSTEE (18) JOANNE WITTY	2.00	X						0.		0.	0
TRUSTEE	2.00	x						0.		0.	0
(19) ELIZABETH THOMPSON	00.00			3.7		<u></u>					
PRESIDENT (20) FREDERIC D. KRUPP	20.00			<u>X</u>				0.		0.	0
EXECUTIVE DIRECTOR	4.00			Х				0.	426	,032.	52,582
(21) PETER ACCINNO CFO/TREASURER	4.00			Х				0.	216	,950.	18,793
(22)											
(23)											- Window
<u>(24)</u>											
<u>(25)</u>											
(26)										•	
(27)		-							G.,		
(28)											
1b Sub-total							<b></b>	0.	642	,982.	71,375.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						<b>*</b>	0.	642	982	. 71,375.
2 Total number of individuals (including but not reportable compensation from the organization	limited to tl	hose	liste				о ге	ceived more than	\$100,000 i	n	
3 Did the organization list any former office	er directo	or or	trus	ste	e 1	kev e	emn	lovee or highes	f compens	afed	Yes No
employee on line 1a? If "Yes," complete Schede											3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	ıan \$	150	,00	0?	If "Y	'es, "	complete Sched	ule J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	any	นทเ	related organization	on or indiv	idual	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	idep	enc	tent	con	trac	tors that received	d more the	an \$10	00,000 of
(A) Name and business add	ress							(B) Description of se	vices	C	(C) Compensation
ATTACHMENT 2	····						$\perp$				
							+				
						11	<u></u>				=> = 1
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nted	a to	thos 2	e II	sted above) who	receivea		

Par	t VII	Statement of Revenue		2		T	•
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 ts	1 a	Federated campaigns 1a					
fts, grants amounts	b	Membership dues 1b					
s, g	¢	Fundraising events 1c				10000000	
<u>.</u> ≅. <u>e</u> .	d	Related organizations 1d	600,000.				
Contributions, and other simi	e	Government grants (contributions) 1e				NAME OF THE	医多曲排除器
er er	f						
불制		and similar amounts not included above . 1f	1,255,111.			0.0000000000000000000000000000000000000	666888
Con	g	Noncash contributions included in lines 1a-1f: \$		1 055 111			114214
	h	Total. Add lines 1a-1f	Business Code	1,855,111.			
Service Revenue			Business Code				5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5
Rev	2a						
<u>5</u>	b	****					
Ę.	C						
ε	d						
Program	e f	All other program service revenue					
P 5	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends, inter					
-	•	other similar amounts)		0.			
	4	Income from investment of tax-exempt bond p		0.			
	5	Royalties	<u> ▶</u>	0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses	<del></del>				
	C	Rental income or (loss)			Transport of the results		
	d	Net rental income or (loss)		0.			
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis				orangentus auctum	
		and sales expenses					
	d	Gain or (loss)	<u> </u>	o.			
0							
ğ	8a	Gross income from fundraising events (not including \$		er festige cample			
Ş		of contributions reported on line 1c).		NET ENGLISH			
&		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b			es de al militare		
₹	C	Net income or (loss) from fundraising events .		0.	and the desired on the same		
_	9a	Gross income from gaming activities.					
		See Part IV, line 19 a			asarini antahun		
	b	Less: direct expenses b			eres acontento italia beni		
	c	Net income or (loss) from gaming activities	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a		a day takan			
	b	Less: cost of goods sold b		0.			
-	С	Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code	0.			
}	44 -						
	11a						
	b						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.	trata da del sistema de		But But E
	12	Total revenue. See instructions		1,855,111.			

### 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) but are not required to complete columns (B), (C), and (D).

orgothe organization	t				expenses
2 Grather the street of the st	ants and other assistance to governments and				
the 3 Gra org U.S 4 Be 5 Co true 6 Cor pen pen 7 Ott 8 Per and 9 Ott 11 Fed a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Adv	ganizations in the U.S. See Part IV, line 21	1,676,158.	1,676,158.		
3 Graver or	rants and other assistance to individuals in	_ :			
org U.S. 4 Bee 5 Co true 6 Corper per 7 Ottl 8 Per and 9 Ottl 10 Pag 11 Fee a Ma b Leg c Acc d Lol e Pro f Inv g Ott 12 Adv	e U.S. See Part IV, line 22	0.	h**********		
4 Bee 5 Co true 6 Corpers pers 7 Ottl 8 Pers and 9 Ottl 10 Pag b Leg c Acc d Lol e Pro f Inv g Ottl 12 Adv	ants and other assistance to governments,				
4 Bei 5 Co trus 6 Coi per per 7 Ott 8 Per and 9 Ott 10 Pa 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Adv	ganizations, and individuals outside the				
5 Cookrus 6 Cookrus 7 Ott 8 Per and 9 Ott 10 Par 11 Fec a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Adv	S. See Part IV, lines 15 and 16	0.			
6 Coor persons of trust of the coordinates of the c	enefits paid to or for members	0.	<del></del>		
7 Ottl 8 Per and 9 Ottl 10 Pag 11 Fee a Ma b Leg c Acd d Lol e Pro f Inv g Ottl 12 Adv	ompensation of current officers, directors, ustees, and key employees	0.			
7 Oth 8 Per and 9 Oth 10 Pa 11 Fee a Ma b Lee c Ac d Lol e Pro f Inv g Ott 12 Adv	empensation not included above, to disqualified				
7 Oth 8 Per and 9 Oth 10 Par 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Adv	rsons (as defined under section 4958(f)(1)) and	_			
<ul> <li>8 Per and</li> <li>9 Ott</li> <li>10 Pa</li> <li>11 Fee</li> <li>a Ma</li> <li>b Leg</li> <li>c Ac</li> <li>d Lol</li> <li>e Pro</li> <li>f Inv</li> <li>g Ott</li> <li>12 Adv</li> </ul>	rsons described in section 4958(c)(3)(B)	0.			
9 Ottl 10 Pay 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ottl 12 Add	ther salaries and wages ,	635,096.	522,022.	41,935.	71,139
9 Oth 10 Pa; 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Oth 12 Adv	ension plan contributions (include section 401(k)		**		2 221
10 Pay 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Adv	d section 403(b) employer contributions)	34,994.	28,938.	·····	3,821
a Ma b Leg c Ac d Lol e Pro f Inv g Ott	ther employee benefits	91,073.	75,312.	5,816.	9,945
a Ma b Leg c Acc d Lol e Pro f Inv g Ott 12 Adv	ayroll taxes	49,029.	40,544.	3,131.	5,354
b Leg c Ac d Lol e Pro f Inv g Ott 12 Ad	es for services (non-employees):				
c Ac d Lol e Pro f Inv g Ott	anagement	0.	76 754	624	0.51
d Lol e Pro f Inv g Ott 12 Adv	gal	77,629.	76,754.	624. 25,000.	251
e Pro f Inv g Ott 12 Adv	counting	25,000.		25,000.	
f Inv g Ott 12 Ad	obbying	0.			
g Oth 12 Ad	ofessional fundraising services. See Part IV, line 17	0.			<del></del>
<b>12</b> Ad	vestment management fees	1,299,311.	1,278,504.		20,807
	her	617,136.	585,918.		31,218
	dvertising and promotion	21,507.	10,724.	5,941.	4,842
	ffice expenses	60,810.	22,946.	20,055.	17,809
	formation technology	00,010.	22,340.	20,033.	17,005
	oyalties	59,276.	23,710.	26,082.	9,484
	ccupancy	27,521.	26,898.	434.	189
	avel	27,321.	20,000.	101.	
-	ayments of travel or entertainment expenses	0.			
	r any federal, state, or local public officials	148,221.	148,221.		
	onferences, conventions, and meetings	0.	2.0,221.		
	terest	0.			
	syments to affiliates	0.1		***********	
		0.			<del>v</del>
	surance				
	ove (List miscellaneous expenses in line 24f. If				
	e 24f amount exceeds 10% of line 25, column				
	amount, list line 24f expenses on Schedule O.)				
MIS	SCELLANEOUS EXPENSES	1,024.	1,024.		
~					*** **********************************
d _		·			
e		·			
f All	I other expenses				
	tal functional expenses. Add lines 1 through 24f	4,823,785.	4,517,673.	131,253.	174,859
26 Joi	int Costs. Check here ► X if following  P 98-2 (ASC 958-720). Complete this line				

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Pa	ırt X	Balance Sheet	·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,333,725.	1	106,725.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	80,000.	3	285,000.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	}	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
48		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6_	
Assets	7	Notes and loans receivable, net		7	
\ss	8	Inventories for sale or use		8	
~	9	Prepaid expenses and deferred charges	84,028.	9	21,909.
	10a	Land, buildings, and equipment: cost or		100 100 100 100 100 100 100 100 100 100	
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,685,963.	15	4,948,007.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,183,716.		5,361,641.
	17	Accounts payable and accrued expenses	1,043,509.	17	190,108.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D , , , ,		25	
	26	Total liabilities. Add lines 17 through 25	1,043,509.	26	190,108.
es Se		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	74,838.	27	74,746.
Fund Balances	28	Temporarily restricted net assets	8,065,369.	28	5,096,787.
ᅙ	29	Permanently restricted net assets		29	
or Fui		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	8,140,207.	33	5,171,533.
_	34	Total liabilities and net assets/fund balances	9,183,716.	34	5,361,641.

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	Art XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1,	855,111.
2	Total expenses (must equal Part IX, column (A), line 25)		823,785.
3	Revenue less expenses. Subtract line 2 from line 1	-2,	968,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	8,	140,207.
5	Other changes in net assets or fund balances (explain in Schedule O)		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		
	column (B))	5,	171,533.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990:		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	100 100 100 100 100 100 100 100 100 100	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		
	issued on a separate basis, consolidated basis, or both:	The the	
	Separate basis X Consolidated basis Both consolidated and separate basis	**************************************	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

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### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

	e of the organization	Employer identification number
	VIRONMENTAL DEFENSE ACTION FUND	90-0080500
Pa	organizations Maintaining Donor Advised Funds or Other Simil organization answered "Yes" to Form 990, Part IV, line 6.	-
	(a) Donor advised fun	ds (b) Funds and other accounts
1	Total number at end of year	·····
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the ass	ets held in donor advised
	funds are the organization's property, subject to the organization's exclusive leg	
6	Did the organization inform all grantees, donors, and donor advisors in writing t used only for charitable purposes and not for the benefit of the donor or donor	hat grant funds can be
	purpose conferring impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that ap	
-	Preservation of land for public use (e.g., recreation or education)	reservation of an historically important land area
		reservation of a certified historic structure
	Preservation of open space	district a servine meteria di actara
2	Complete lines 2a through 2d if the organization held a qualified conservation c	ontribution in the form of a conservation
_	easement on the last day of the tax year.	onthibation in the form of a conservation
	data manufacturary or the tarry auto-	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included in (a	
C	Number of conservation easements on a certified historic structure included in (c) acquired after 8/17/06, and	-,
d	historic structure listed in the National Register	
•	Number of conservation easements modified, transferred, released, extinguished	
3		ed, or terminated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, in	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons	servation easements during the year
_	A ( f )	tion conservate divine the cons
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserva	tion easements during the year
_	<b>\$</b>	470/hV4V/D
8	Does each conservation easement reported on line 2(d) above satisfy the requi	
_	(i) and 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIV, describe how the organization reports conservation easements in it	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	ation's infancial statements that describes the
F.	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art, Historical Treasur	os or Other Similar Assets
Lε	rt III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV	
<del></del>		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to works of art, historical treasures, or other similar assets held for public expublic service, provide, in Part XIV, the text of the footnote to its financial statem	report in its revenue statement and balance shee hibition, education, or research in furtherance of ents that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re works of art, historical treasures, or other similar assets held for public expublic service, provide the following amounts relating to these items:	port in its revenue statement and balance shee hibition, education, or research in furtherance or
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or ot	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to	
а	Revenues included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	<u></u> \$
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2010

Par	t    Organizations Maintain	ing Collections	of Art, Histo	rical Treasure	s, or Ot	her Similar A	ussets (d	continued)	
3	Using the organization's acquisition collection items (check all that app		d other recor	ds, check any o	of the fo	llowing that a	ire a sigi	nificant use	of its
а	Public exhibition		d	Loan or ex	change	programs			
b	Scholarly research		e	Other					
С	Preservation for future ge	enerations							
4	Provide a description of the orga XIV.	nization's collectio	ons and expla	in how they fu	rther the	organization's	s exemp	t purpose i	n Part
_	During the year, did the organization	an caliait ar racaiu	o donations o	fart historical to	reacuree	or other simils	or		
5	assets to be sold to raise funds rati	her than to be mai	intained as pa	rt of the organiz	ation's c	ollection?			No
Par	t IV Escrow and Custodial A line 9, or reported an ar	rrangements. Conount on Form 9	complete if to 190, Part X, I	ne organization ine 21.	n answe	ered "Yes" to	Form 99	}0, Part IV, 	
1a	Is the organization an agent, truste								<del>-</del>
	included on Form 990, Part X?						· · · · L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIV and con	nplete the foll	owing table:					
						A	mount		
C	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								<del></del>
2a	Did the organization include an am	ount on Form 990	0, Part X, line	21?			[	Yes	No
b	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Cor	nplete if organiz	zation answe	red "Yes" to Fe	orm 990	), Part IV, line	<del>)</del> 10.		
	•	(a) Current year	(b) Prior ye	ar (c) Two ye	ears back	(d) Three yea	ars back	(e) Four yea	ırs back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
e	Other expenditures for facilities .								<b>XXXXXX</b>
	and programs					300000000000000000000000000000000000000			
f	Administrative expenses	J							
g	End of year balance								
2	Provide the estimated percentage	of the year end ha	lance held as:			Samuel Sa		1	
a	Board designated or quasi-endowr	•		'					
	Permanent endowment	%	'0						
	Term endowment	/ <sup>0</sup>							
	Are there endowment funds not in	. <sup>/U</sup> the personation of	f the organiza	tion that are he	ld and a	dministered for	tho		
- U	organization by:	the possession of	i ino organiza	mon mat are ne	ia ana a	arriminotor <b>o a</b> 101	(1)0	Yes	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations							3b	+-
	Describe in Part XIV the intended to		•						
4									
rar	t VI Land, Buildings, and Equ								
	Description of investment		t or other basis vestment)	(b) Cost or other backer)		) Accumulated depreciation	((	d) Book value	
1a	Land				17. 20. 15. - 13. 13.			****	
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other	<b>——</b>							
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part	X, column (B), lir	ne 10(c).)	) <u></u> ▶			

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. See	Form 990, Part X, lir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financi	al derivatives	•		
(2) Closely	-held equity interests			
(3) Other_			1	
<u>(A)</u>				
(B)				
(C)	~~ <b>~</b> ~~~~~~~~~	_		
(D)				<del>.</del>
(E)		_	***	- LL TATIVA
(G)				·· · · · · · · · · · · · · · · · · · ·
(H)			1,000	
(l)		_		
$\overline{}$	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related. See	Form 990, Part X, li	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valual Cost or end-of-year mark	
(1)				
(2)				
(3)				
_(4)				
_(5)	and the same of th			
(6)				
(7)	- And	· · · · · · · · · · · · · · · · · · ·		
(8)	NAMED III			
(9) (10)	And the second s			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b></b>		
Part IX	Other Assets. See Form 990, Part X			
		(a) Description		(b) Book value
(1) DUE	FROM ENVIRONMENTAL			
(2) DEFE	INSE, INCORPORATED 501(C)3			
(3) (REI	ATED PARTY)			4,948,007
(4)				
(5)				
(6)	**	- un-		
(7)		**************************************	ART CONTRACTOR OF THE CONTRACT	
(8)			100	
(9)	the second secon			
(10)	(1) 15 (F) 000 D (1) 14 (D) F 14 (E)			4,948,007
	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Par			1,00,007
Part X	(a) Description of liability	(b) Amoun	† 9720-2015-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
1. (1) Fede	ral income taxes	(b) Amoun		
(2)	rai income taxes		A STATE OF THE PARTY OF THE PAR	
(3)		-	color (Sauton Care Sauton Sauton Care Saut	
(4)			angles manufactured to the control of the control o	
(5)			PERSONAL PROPERTY OF A STATE OF THE STATE OF	
(6)			professional and the second	
(7)				
(8)			A COLUMN CONTRACTOR OF THE COLUMN CONTRACTOR OF THE COLUMN	
(9)			grandened should be are as despite a constant	
(10)				
(11)				Administration of the
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 2	25.) ▶	The Control of the State of the Control of the Cont	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

90-0080500 Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 6 Investment expenses 6 7 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . . . . 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a Recoveries of prior year grants \_\_\_\_\_\_\_2c e Add lines 2a through 2d 2e 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 . . . . . . . 4a Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 3 3 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 XIV.) c Add lines 4a and 4b Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. INCOME TAX DISCLOSURE SCHEDULE D, PART X, QUESTION 2

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF ASC 740-10-05, RELATING

TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF

THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, ASC 740-10-05 HAS NOT HAD,

AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S

CONSOLIDATED AND CONSOLIDATING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2010

Part XIV Supplemental Information, (continued)

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

20 10

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

Open to Public Inspection

Employer identification number 90-0080500

	sistance
FUND	ants and Assista
ACTION	on Grant
, DEFENSE ACTION FUND	General Information on Grants and Assistance
TAI	General In
ENVIRONMEN	Part

	Pe
	ssistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to
	ation's procedures for monitoring the use of grant funds in the United States.
° _	the selection criteria used to award the grants or assistance?
Г	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Il can be duplicated if additional space is needed	e is needed						<b>A</b> : : : : : : : : : : : : : : : : : : :
1 (a) 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	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NO ON 23: CALIFORNIANS FOR CLEAN ENERGY AND							CALIF CLIMATE
1100 11TH STREET SACRAMENTO, CA 95814	27-1781659		1,000,000.				LEGISLATION
(2) CALIFORNIANS FOR CLEAN AIR AND CLEAN ENERGY							CALIF CLIMATE
8581 SANTA MONICA BLVD, LA, CA 90069	94-3169564	501 (C) (3)	100,000.			neren e tende arter ann anne en en er en	LEGISLATION
(3) GULF OF MEXICO REEL FISH SHAREHOLDERS ALLIA	•						PROMOTE OCEAN
1902 WHARF ROAD GALVESTON, TX 77550	26-2524327	501(C)(6)	62,827.				CONSERVATION
(4) AMERICAN PUBLIC HEALTH ASSOCIATION							FED CLIMATE
800 I STREET NW WASHINGTON, DC 20001	13-1628688	501 (C) (3)	16,837.				LEGISLATION
(5) LEAGUE OF CONSERVATION VOTERS							FED CLIMATE
DC 2(	52-1379661	501(C)(4)	330,000.				LEGISLATION
(6) SOUTH ATLANTIC FISHERMEN'S ASSOCIATION							PROMOTE OCEAN
4449 LAKESIDE DRIVE LITTLE RIVER, SC 29566	27-3165836	501(C)(3)	16,494.				CONSERVATION
(7) THE PARTNERSHIP PROJECT ACTION FUND							FED CLIMATE
1615 M STREET NW WASHINGTON, DC 20036	81-0606786	501(C)(4)	100,000.				LEGISLATION
(8) CLEAN ENERGY AND GOOD JOBS MOBILIZATION COM							CALIF CLIMATE
1100 11TH STREET SACRAMENTO, CA 95814	27-3284139		50,000.				LEGISLATION
(6)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	overnment or	ganizations					•   •   •   •   •   •   •   •   •   •

V 10-8.3

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PAGE 22

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Part	Grants and Other Assistance to Individuals in	uals in the Un	ited States. Cor	nplete if the or	rganization answered	the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 22.
	Part III can be duplicated if additional space is needed.	ce 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
~						
2						
ო						
4						
co C						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part	1 — 1	vide the informa	lion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

GRANTS AND OTHER ASSISTANCE

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION HAS A NUMBER OF GRANTS AND OTHER ASSISTANCE IT PROVIDES

THE MAJORITY OF TO CHARITIES AND QUASI-GOVERNMENTAL ENTITIES IN THE U.S.

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 SUB-GRANT UNTIL A PATTERN OF PROVEN ACHIEVEMENTS ON OBJECTIVES IS

IN THE END EDAF TYPICALLY PREPARES A REPORT TO FUNDING

DEMONSTRATED.

Schedule 1 (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Part III Grants and

		space is incoded.				
	(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
~						
7						
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4						
rs.						
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7				·		
Part IV	Part W Supplemental Information. Complete this part	is part to pro	vide the informat	tion required in	Part I. line 2. and an	to provide the information required in Part I. line 2. and any other additional information.

ENTITIES ON THE USE OF GRANT FUNDS -BOTH BY ITSELF AND BY ANY SUB-GRANT

RECIPIENTS.

### **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ENVIRONMENTAL DEFENSE ACTION FUND

Employer identification number 90-0080500

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef)	505.25.1		
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain ,	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII. Section A, line 1a, with respect to the filing			
7	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	,	X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		_X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
þ	Any related organization?	6b	**********	X
	If "Yes" to line 6a or 6b, describe in Part III.	Page Sport		38.63.6
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		37
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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			3.7
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53 4958-6(c)?	1 9)		

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

Schedule J (Form 990) 2010

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

i passocias, etc.		(B) Breakdown of W-2 and	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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16								2,000
							HI30	Schedule J (Form 990) 2010

## Part []] Supplemental Information

Schedule J (Form 990) 2010

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

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

SCHEDULE J, PART III

THE ENVIRONMENTAL DEFENSE FUND, INC. (A RELATED PARTY) ACTS AS A COMMON

AS SUCH THE PAYMASTER FOR THE ENVIRONMENTAL DEFENSE ACTION FUND.

COMPENSATION INFORMATION INCLUDED ON SCHEDULE J WAS GENERATED FROM THE

THE AMOUNT SHOWN IN PART II RECORDS OF THE ENVIRONMENTAL DEFENSE FUND.

REPRESENTS THE TOTAL COMPENSATION FROM BOTH ENVIRONMENTAL DEFENSE FUND,

INC AND ENVIRONMENTAL DEFENSE ACTION FUND.

Schedule J (Form 990) 2010

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### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

ENVIRONMENTAL DEFENSE ACTION FUND

Employer identification number 90-0080500

CONFLICT OF INTEREST POLICY COMPLIANCE

PART VI, SECTION B, LINE 12C

IT IS THE RESPONSIBILITY OF ALL TRUSTEES AND EMPLOYEES OF THE
ENVIRONMENTAL DEFENSE ACTION FUND TO FAMILIARIZE THEMSELVES WITH THE
CONFLICT OF INTEREST POLICY AND TO ENSURE COMPLIANCE OF RELATED PARTIES
WITH IT.

ADDITIONALLY, EACH TRUSTEE AND EMPLOYEE WILL ANNUALLY BE PROVIDED WITH A STATEMENT TO COMPLETE AND RETURN INDICATING THAT THEY HAVE READ, UNDERSTAND AND ARE IN COMPLIANCE WITH THIS POLICY. THE CHAIR OF THE BOARD OF TRUSTEES WILL REPORT TO THE BOARD AND THE CHAIR OF THE AUDIT COMMITTEE WILL REPORT TO THE AUDIT COMMITTEE OF THE BOARD AT LEAST ONCE ANNUALLY CONCERNING ANY DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST MADE TO THEM, AND ANY OTHER CONFLICTS-OF-INTERESTS, WHICH HAVE OCCURRED. TRUSTEES WHO KNOWINGLY OR UNKNOWINGLY VIOLATE THE POLICY ARE SUBJECT TO CENSURE OR REMOVAL, AT THE DISCRETION OF THE BOARD OF TRUSTEES. EMPLOYEES WHO KNOWINGLY OR UNKNOWINGLY VIOLATE THE POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING POSSIBLE DISMISSAL.

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11

EDF USES ITS AUDIT COMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW THE FORM
990 RETURNS. THE AUDIT COMMITTEE HAS BEEN DELEGATED THIS AUTHORITY BY
THE BOARD OF TRUSTEES IN ITS AUDIT COMMITTEE CHARTER AND TERMS OF

REFERENCE. THE ORGANIZATION'S FINANCIAL MANAGEMENT GROUP IS RESPONSIBLE FOR GATHERING THE KEY COMPONENTS AND SUPPORTING SCHEDULE INFORMATION FOR THE FORM 990. THE ORGANIZATION'S AUDIT FIRM OF INDEPENDENT PUBLIC ACCOUNTANTS PREPARES THE FORM 990 AND IT GOES THROUGH A REVIEW PROCESS TO ENSURE IT IS COMPLETED ACCURATELY. THE DRAFT FORM 990 IS RETURNED TO THE ORGANIZATION WHERE SENIOR EXECUTIVE MANAGEMENT AND MEMBERS OF THE FINANCIAL TEAM REVIEW THE DOCUMENT. THE AUDIT COMMITTEE RECEIVES A COPY OF THE DRAFT RETURN IN ADVANCE OF A MEETING SCHEDULED FOR ITS FORMAL REVIEW. THE AUDIT COMMITTEE MEETS AND APPROVES THE FORM 990. PRIOR TO FILING, THE APPROVED DRAFT RETURN IS CIRCULATED TO THE BOARD OF TRUSTEES. THE AUDIT FIRM ELECTRONICALLY FILES THE FINAL INFORMATIONAL RETURN WITH THE IRS. THE FINAL FORM 990 IS ALSO PUBLICLY POSTED IN ELECTRONIC FORM ON THE ENVIRONMENTAL DEFENSE FUND'S WEBSITE WHERE IT IS FREELY AVAILABLE TO THE PUBLIC. COPIES OF IT ARE SENT TO STATE GOVERNMENTS, FUNDING ORGANIZATIONS, MAJOR DONORS, CHARITY MONITORING ORGANIZATIONS AND TO ANYONE ELSE WHO REQUESTS A COPY.

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS PART VI, SECTION C, LINE 19 EDAF MAKES AVAILABLE THREE YEARS WORTH OF THE FOLLOWING DISCLOSURE DOCUMENTS ON THE ENVIRONMENTAL DEFENSE FUND'S WEBSITE:

- 1. ANNUAL REPORT
- 2. CONSOLIDATED AND CONSOLIDATING AUDITED FINANCIAL STATEMENTS
- 3. FORM 990 INFORMATIONAL TAX RETURNS AND THOSE OF RELATED ORGANIZATIONS

Employer identification number 90-0080500

GOVERNANCE, MANAGEMENT, AND DISCLOSURE PROCESS FOR DETERMINING COMPENSATION PART VI, SECTION B, LINE 15A AND 15B

THE ENVIRONMENTAL DEFENSE FUND, INC., A RELATED PARTY, ACTS AS A COMMON PAYMASTER FOR THE ENVIRONMENTAL DEFENSE ACTION FUND. AS SUCH THE COMPENSATION INFORMATION INCLUDED ON SCHEDULE J WAS GENERATED FROM THE RECORDS OF THE ENVIRONMENTAL DEFENSE FUND.

THE ENVIRONMENTAL DEFENSE FUND HUMAN RELATIONS COMMITTEE USES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE DEMOGRAPHIC AND COMPARATIVE SALARY INFORMATION FOR PEER-GROUP ORGANIZATIONS. THE COMPENSATION CONSULTANT PROVIDES INFORMATION FROM SURVEYS, PUBLIC DISCLOSURES OF OTHER CHARITIES, AND PROPRIETARY SOURCES. THE COMMITTEE REVIEWS THIS INFORMATION, DISCUSSES THE FINDINGS AMONGS THEMSELVES AND NOT IN THE PRESENCE OF THE PRESIDENT OF THE ORGANIZATION. THE COMMITTEE HAS A PORTION OF ITS MEETING WHERE IT DOES DISCUSS COMPENSATION AND PERFORMANCE WITH THE PRESIDENT BUT THE DECISION-MAKING SEGMENTS OF THE MEETING ARE HELD IN EXECUTIVE SESSION. MINUTES OF THE MEETING ARE KEPT AND RETAINED BY THE CHAIR OF THE HUMAN RELATIONS COMMITTEE.

STATEMENT OF PROGRAM, SERVICE ACCOMPLISHEMENTS

PART III, LINE 4

ENVIRONMENTAL DEFENSE ACTION FUND'S (EDAF) ROLE IN LEGISLATIVE CHANGE COMPLEMENTS THE ADVOCACY WORK OF ENVIRONMENTAL DEFENSE FUND (EDF). BOTH ORGANIZATIONS TAKE ON DIFFERENT ROLES IN ACHIEVING COMMON OBJECTIVES.

Employer identification number 90-0080500

FDAF IS INVOLVED IN LOBBYING AND LEGISLATIVE WORK WHILE EDF SUPPORTS RESEARCH, SCIENTIFIC ANALYSIS, AND POLICY POSITIONING.

### CLIMATE AND AIR GOALS

EDAF SEEKS TO AVOID THE CATASTROPHIC CONSEQUENCES OF CLIMATE CHANGE BY REDUCING GREENHOUSE GAS EMISSIONS AND AVERT THE PUBLIC HEALTH THREAT CAUSED BY CONVENTIONAL AIR POLLUTION. OUR CURRENT EFFORTS ARE AIMED AT WINNING PERMANENT REDUCTIONS IN U.S. EMISSIONS OF GREENHOUSE GASES BY 2020 AND REDUCING CONVENTIONAL AIR POLLUTANTS THROUGH THE IMPLEMENTATION OF FEDERAL CLEAN AIR REGULATIONS AND TO BUILD A FOUNDATION FOR DEEPER CUTS IN US EMISSIONS BY 2050.

### VICTORIES ACHIEVED

THE CLEAN AIR ACT SURVIVED A PIVOTAL CHALLENGE WHEN EDAF AND OUR BROAD COALITION OF ALLIES WAGED A SUCCESSFUL CAMPAIGN TO DEFEAT SEVERAL LEGISLATIVE PROPOSALS AIMED AT STRIPPING OR HOBBLING EPA'S POWER TO REDUCE GREENHOUSE GASES. EDAF EXECUTIVE DIRECTOR FRED KRUPP TOLD CNNMONEY.COM, "NEVER IN FOUR DECADES HAS THERE EVER BEEN THIS BRAZEN ASSAULT ON THE ENVIRONMENTAL PROTECTION AGENCY'S ABILITY TO PROTECT OUR HEALTH."

WE AND OUR SUPPORTERS AND ALLIES ALSO LAID THE GROUNDWORK FOR THE SUCCESSFUL DEFEAT OF A LEGISLATIVE RESOLUTION THAT WOULD BLOCK EXTENSIVE REDUCTIONS IN SULFUR DIOXIDE AND NITROGEN OXIDE EMISSIONS FROM POWER PLANTS IN EASTERN STATES. ANOTHER LANDMARK WIN FOR PUBLIC HEALTH AND THE ENVIRONMENT WAS THE MERCURY AND AIR TOXICS RULE, WHICH REQUIRES POWER PLANTS TO DRAMATICALLY CUT THEIR EMISSIONS OF MERCURY AND OTHER DANGEROUS AIR TOXINS.

MAKING THE GULF OF MEXICO WHOLE AGAIN GULF COAST WETLANDS ARE A MIRACLE OF NATURE, PROTECTING INDUSTRY, CITIES, FISHERIES AND WILDLIFE. EDF AND EDAF ARE PART OF A STRONG BIPARTISAN COALITION TO RESTORE GULF COAST WETLANDS.

MORE THAN A YEAR AFTER BP'S DEEPWATER HORIZON WELL WAS CAPPED, THE CITY OF NEW ORLEANS REMAINS VULNERABLE TO HURRICANES, AND LOUISIANA'S WETLANDS, WHICH NURTURE THE GULF'S \$23 BILLION FISHING INDUSTRY, ARE IN BIGGER TROUBLE THAN EVER. THE STATE LOSES UP TO 30 SQUARE MILES OF COASTLAND EACH YEAR, DUE TO CANALS AND LEVEES THAT STARVE THE WETLANDS OF SEDIMENT AND FRESHWATER.

THE OIL SPILL WORSENED THE ECOLOGICAL DISASTER, BUT IT ALSO OPENED UP OPPORTUNITIES TO RETHINK HOW THE MISSISSIPPI RIVER AND ITS DELTA ARE MANAGED.

FOR 35 YEARS, EDF HAS BEEN AT THE FOREFRONT OF EFFORTS TO RESTORE GULF COAST WETLANDS. IN 2011, WE JOINED FORCES WITH ALLIES RANGING FROM THE LOUISIANA GOVERNOR'S OFFICE TO THE 17,000-MEMBER HOUMA NATION TRIBE TO PRESS FOR FULL RESTORATION OF THE GULF. OUR GOAL WAS TO ENSURE THAT MOST OF THE BP PENALTIES FROM THE OIL SPILL, WHICH COULD REACH \$21 BILLION, GO

Employer identification number 90-0080500

TO REBUILDING ENDANGERED GULF COMMUNITIES AND ECOSYSTEMS. BP COMMITTED AN INITIAL \$1 BILLION IN 2011 TO PAY FOR EARLY RESTORATION PROJECTS, IN AN AGREEMENT EDF HELPED ADVANCE.

WE THEN HELPED SHAPE A BILL IN WASHINGTON THAT WOULD DEDICATE 80% OF BP'S FINES TO ECONOMIC RECOVERY AND WETLANDS RESTORATION, INSTEAD OF TO THE GENERAL FEDERAL BUDGET. COSPONSORED BY TWO DEMOCRATS AND SEVEN REPUBLICANS, THE PROPOSED LEGISLATION REPRESENTS A MILESTONE FOR A POLITICALLY POLARIZED CONGRESS.

AS SENATORS MARY LANDRIEU (D-LA) AND RICHARD SHELBY (R-AL) HAMMERED OUT THE BILL, WE GAINED SUPPORT ON BOTH SIDES OF THE AISLE BY INTRODUCING PROVISIONS THAT WERE IMPORTANT TO BOTH REPUBLICANS AND DEMOCRATS. OUR STRATEGY INCLUDED RADIO ADS POINTING OUT HOW INVESTING IN COASTAL RESTORATION CREATES MORE JOBS THAN OIL AND GAS INVESTMENTS.

**OCEANS** 

LOBBYING ACTIVITIES IN SUPPORT OF FISHERIES MANAGEMENT REFORM AND CORAL REEF CONSERVATION.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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

MN, MS, MO, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

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

227,032.

Name of the organization ENVIRONMENTAL DEFENSE ACTION FUND Employer identification number 90-0080500

ATTACHMENT 2

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

TOTAL COMPENSATION

DESCRIPTION OF SERVICES COMPENSATION NAME AND ADDRESS KIRKPATRICK & LOCKHART PRESTON GATES ELL CONSUL & LEGAL SVC 123,347. 1601 K STREET, NW WASHINGTON, DC 20006 103,685. CAPLIN & DRYSDALE, CHARTERED CONSUL & LEGAL SVC ONE THOMAS CIRCLE, NW WASHINGTON, DC 20005

### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

See separate instructions.

OMB No. 1545-0047	Open to Public Inspection
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Employer identification number (f) Direct controlling entity 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.) 90-0080500 (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicite (state
or foreign country) (b) Primary activity (a)Name, address, and EN of disregarded entity ENVIRONMENTAL DEFENSE ACTION FUND Name of the organization Part II Part Ð (2) ଞ୍ଚ € (5) <u>(</u>9)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	No
(1) ENVIRONMENTAL DEFENSE FUND, INC 11-6107128 257 PARK AVENUE SOUTH NEW YORK, NY 10010	ENVIRONMENT	NY	509(A)(1)	501(C)(3)	N/A		×
(2) CALIFORNIA FISHERIES FUND, INC 26-0873741 123 MISSION STREET 28TH FLOOR SAN FRANCISCO, CA 94105	REV LOAN FND	CA	509(A)(3)	501(C)(3)	EDF		×
(3) ENVIRONMENTAL DEFENSE FUND DE MEXICO, AC CALLE REVOLUCION 345 TAPAZ, MEXICO MX	OCEAN PROG	MX			EDF		×
(4)							
(5)	الدائدية ع						
(9)							
(1)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedu	Schedule R (Form 990) 2010	990) 2010

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Schedule R (Form 990) 2010

(k) Percentage ownership (h) Percentage ownership (j) General or managing ŝ 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.) (g) Share of end-of-year assets partner? Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionato ŝ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (a)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicite
(state or
foreign country) Primary activity (d) Direct controlling (c) Legal domicile (state or foreign country) Primary activity (a) (a) Name, address, and EIN of related organization 9 Name, address, and EIN related organization Part IV Part III (5) E 2 ପ୍ 4 ୭  $\Xi$ 3 **£** (5) 9 ତ୍ର

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Schedule R (Form 990) 2010

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  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?	lated organizations liste	ed in Parts II–IV?	>
a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity			
c Gift, grant, or capital contribution from other organization(s)			×
			1d ×
			1- 0- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
f Sale of assets to other organization(s)			1f X
n Exchange of assets			in it
			1j
K Performance of services or membership or fundraising solicitations for other organization(s)			<  ×
			X
			- Tu
			×
p Keimbursement paid by other organization for expenses			1 1 D
<b>q</b> Other transfer of cash or property to other organization(s)			
r Other transfer of cash or property from other organization(s).			1r X
LITTHE ANSWELTO ANY OF THE ADOVE IS TREE, SEE THE INSTRUCTIONS FOR INFORMATION ON WHO MUST COMPIETE THIS LINE, INCLUDING COVERED FEIGURENINS AND TRANSACTION THRESHOLDS	ils line, including cover	ed relationships and transa	action thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ENVIRONMENTAL DEFENSE FUND, INC.	ບ	.000,000	EMV
(2) ENVIRONMENTAL DEFENSE FUND, INC.	D	4,948,007.	FMV
(3) ENVIRONMENTAL DEFENSE FUND, INC.	M, N	694,372.	FMV
(4) ENVIRONMENTAL DEFENSE FUND, INC.	А	4,948.	FMV
(5)			
(9)			
JSA 0E13091.000 71207M L161 3/19/2012 7:08:30 AM V 10-8.3			Schedule R (Form 990) 2010 PAGE 37

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

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)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of: end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	(h) General or managing partner?
			Yes No		Yes No	(222	Yes No
(1)							
(3)							
(4)							
(5)							
(6)							
(6)							
(11)			-				
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	1 990) 2010

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).