PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form 990 (2023)

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change EARTH DAY NETWORK INC Name change 13-3798288 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (202) 518-0044 1752 N STREET, NW 700 13,949,303. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WASHINGTON, DC 20036 H(a) Is this a group return return
Application
pending F Name and address of principal officer: KATHLEEN ROGERS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.EARTHDAY.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 1994 M State of legal domicile: DC Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF EARTH DAY Activities & Governance NETWORK, INC. IS TO BROADEN AND DIVERSIFY THE ENVIRONMENTAL MOVEMENT 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 7,449,938. 13,674,404. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 37,764. 157,302. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 29,665. 663,095. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13.861,371. 8,150,797. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 950,550. 316,188. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,796,710. 2,590,779. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,030,707. 1,504,773. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,777,967. 4,411,740. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,372,830. 9,449,631. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 5,461,221. 14,660,322 Total assets (Part X, line 16) 1,006,278. 755,748 21 Total liabilities (Part X, line 26) 三年 454,943. 904,574 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign INDA MOORE, DIRECTOR OF FINANCE Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 11/12/24 P01712644 ERIN CRANMER ERIN CRANMER self-employed Paid CALIBRE CPA GROUP, PLLC Firm's EIN 47-0900880 Preparer Firm's name 7501 WISCONSIN AVENUE, SUITE 1200 WEST Use Only Firm's address Phone no. 202-331-9880 BETHESDA, MD 20814 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

332002 12-21-23

3,337,913.

584,999 • including grants of \$

# Form 990 (2023) EARTH DAY NETWORK INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,			x
_	Schedule D, Part III	8		
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?			<b>.</b>
	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		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.			
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	21	
15		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	_
16		4.0		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	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		<u> X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) EARTH DAY NETWORK INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			.,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	30	- 22	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 22		163	140
	The same range of the same ran			
J	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 21 22			(2023)

023) EARTH DAY NETWORK INC

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

			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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  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?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			,,
		<u>6a</u>		X
b		۵.		
_		6b		
7				Х
a		7a		
b		7b		
С		70		x
d		7c		1
e		7e		х
f		7f		X
g		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	<b>Note:</b> 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			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the appreciation proving any property for indeed to prince any income design the territory.	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	<u> </u>	L
	If "Yes," complete Form 6069.			
			000	

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (202) 518-0044 1752 N STREET, NW, 700, WASHINGTON, 20036

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average	(C) Position		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated				
Name and the	hours per week	box	, unles	ss per	rson i	than o s both r/trus	an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHLEEN ROGERS	40.00	-						0.42 170	_	10 050
PRESIDENT	40.00			Х				243,170.	0.	18,058.
(2) SUSAN BASS	40.00	-		7.7				170 452	0	12 466
SR. VICE PRESIDENT (3) THOMAS COSGROVE	40.00			Х				179,453.	0.	13,466.
CHIEF CONTENT OFFICER	40.00					x		164,072.	0.	21,120.
(4) LINDA MOORE	40.00									
DIRECTOR OF FINANCE						x		124,975.	0.	19,326.
(5) DAYLE WALLIEN	40.00									•
VP OF DEVELOPMENT						Х		116,034.	0.	13,695.
(6) GERALD TORES	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(7) DENIS HAYES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) NATHAN HURST	1.00									
BOARD MEMBER - FORM		Х						0.	0.	0.
(9) LOUIS SCHWARTZBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JUSTIN KAMINE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MOLLY O. ROSS	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(12) LISE VAN SUSTEREN	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) TROY WISEMAN	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) DORCETA TAYLOR	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) LYDIA CAMARILLO	1.00	<b>.</b> ,							0	0
BOARD MEMBER (16) MICHAEL SIMKIN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
DOARD REMDER		Λ	$\vdash$		$\vdash$			J	0.	<b>U</b> •
		1								
-	L	l .	I	l	<u> </u>	L				- OOO (2222)

	990 (2023) EARTH DAY	NETWOR	K	IN	C					13-37	982	88	Page 8
Par	Section A. Onicers, Directors, Trus		oloye	ees,			ghes	t C		'			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	er (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D)  Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)		Estimamou oth compe from organi	nated unt of ner nsation n the ization
		organizations below line)	Individual tru	Institutional t	Officer	Key em ployee	Highest compensated employee	Former	1099-NEC)			and re	
с <u>d</u>	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A			· · · · · · · · · · · · · · · · · · ·				827,704. 0. 827,704.		0.		0.
	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove)	) wh	o re	ceived more than \$100,	000 of reportable		T v.	5 es No
	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i> For any individual listed on line 1a, is the su	uch individual m of reportabl	 e co	 mpe	 ensat	tion	and	oth	er compensation from the	he organization		3 4 2	Х
	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5	X
	ion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for the organization.										nsati	on from	
	(A) Name and business	_		ONE					(B)  Description of s		Co	(C) empensa	ation
2	Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than		-orm <b>99</b>	0 (2023)

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13-3798288

			Chapte if Sahadula O	ontoino o	rooponoo	or note to any lin	o in this Dort \/III			
			Check if Schedule O	contains a	response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutions) grants, and above	1f 1g \$	13,674,404.	13,674,404.			
0 10			Total: Add lines 1a-11			Business Code				
Program Service Revenue	2	a b c d	All other programmer and in							
_			All other program service							
	3		Investment income (included other similar amounts) Income from investment of	ling divide	nds, inter	est, and	157,302.			157,302.
	5	5	Royalties							
	6	a b	Gross rents Less: rental expenses	6a (6b)	i) Real	(ii) Personal				
			Rental income or (loss)	6c						
	7		Gross amount from sales of	$\overline{}$	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ıne			and sales expenses	7b						
Revenue			Gain or (loss)	7c						
r Re			Net gain or (loss)							
Other	8	3 a	Gross income from fundraisin including \$ contributions reported on		_ of					
			Part IV, line 18	,		119,475.				
		b	Less: direct expenses			87,932.				
			Net income or (loss) from				31,543.			31,543.
	9	) a	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses			) [				
	10		Net income or (loss) from Gross sales of inventory, I							
			and allowances			a				
		b	Less: cost of goods sold							
			Net income or (loss) from							
s		_				Business Code				
Miscellaneous Revenue	11	-	REIMBURSED EXPENSES			900099	-1,878.			-1,878.
llan		b								
Sce		ç	All other revenue							
Ξ			All other revenue				-1,878.			
	12		Total revenue. See instruction				13,861,371.	0.	0.	186,967.

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

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	62,500.	62,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	253,688.	253,688.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	454 440	250 250	44 504	FF 200
	trustees, and key employees	454,148.	352,252.	44,504.	57,392
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 504 000	1 205 515	001 000	005 000
7	Other salaries and wages	1,794,038.	1,305,517.	281,229.	207,292
8	Pension plan accruals and contributions (include	72 015	F2 000	11 226	0 601
_	section 401(k) and 403(b) employer contributions)	73,815. 92,622.	53,898. 68,132.	11,236. 13,394.	8,681 11,096
9	Other employee benefits	176,156.			11,096
0	Payroll taxes	1/0,130.	130,355.	24,662.	21,139
11	Fees for services (nonemployees):				
а	Management	F F00		5,590.	
b	Legal	5,590. 46,728.		46,728.	
	Accounting	40,720.		40,720.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	430,990.	424,965.	6,025.	
10	column (A), amount, list line 11g expenses on Sch 0.)	430,330.	424,505.	0,023.	
12 13	Advertising and promotion	36,064.	5,201.	30,422.	441
ان 4	Office expenses Information technology	75,724.	57,690.	12,172.	5,862
1 <del>4</del> 15		73,724.	37,030.	12,172.	3,002
16	Royalties Occupancy	224,810.	179,068.	23,635.	22,107
17	Travel	271,410.	249,996.	15,827.	5,587
18	Payments of travel or entertainment expenses	2,2,1200	223,3300	23 / 02 / 1	2,20,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,652.	7,214.	470.	968
20	Interest	2,0021	.,===	2,00	230
.o 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,780.	30,021.	6,695.	3,064
23	Insurance	20,619.	,	20,619.	-,
.5 24	Other expenses. Itemize expenses not covered	==,,==,		==,,===	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE AND COMMUNICA	97,482.	70,709.	23,772.	3,001
b	EVENT EXPENSE	88,051.	80,660.	7,108.	283
c	TECHNICAL SUPPORT	78,209.	4,010.	74,199.	
d	MISCELLANEOUS	66,811.	2,037.	64,774.	
	All other expenses	13,853.	-,	11,077.	2,776
е			3,337,913.	724,138.	349,689
		4,411,740.	3   3 3 1   3 ± 3 • 1		
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	4,411,740.	3,337,73231	,	,
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	4,411,740.	3733773231	, , , , , , , , , , , , , , , , , , , ,	
e 25 26	Total functional expenses. Add lines 1 through 24e	4,411,740.	3733173131	. = 2, = 3 3 1	

Form 990 (2023)
Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			3,180,450.	1	5,749,379
2				1,401,006.	2	547,552
3	Pledges and grants receivable, net				3	
				2,468.	4	91,267
5						
	trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
	controlled entity or family member of any of the	ese perso	ns		5	
6	Loans and other receivables from other disqual	lified pers	sons (as defined			
	under section 4958(f)(1)), and persons describe		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			18,145.	9	21,511
10a						
	basis. Complete Part VI of Schedule D		395,697.			
b			· · · · · · · · · · · · · · · · · · ·	132,603.	10c	92,823
11			11 100	11		
12		44,482.		7,669,619		
13						
		600 065		100 171		
15	Other assets. See Part IV, line 11			488,171		
16						14,660,322
			1	152,827.		153,791
					21	
22						
	. ,					
					24	
25	, ,	•				
	·	-	·	853 /51	٥-	601,957
06						755,748
20				1,000,270.	20	755,740
		eck liele				
27				1 444 629.	27	10,465,795
						3,438,779
20				3,010,311	20	3,130,773
		550, CHC	ok nere			
29		:			20	
	Total net assets or fund balances			4,454,943.	32	13,904,574
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or not contain a response	Check if Schedule O contains a response or note to any Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24), of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Pet assets with donor restrictions  Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.  Paid-in or capital surplus, or land, building, or equipment and parties, and other liability or land, building, or equipment and complete	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X    Reginning of year	Check if Schedule O contains a response or note to any line in this Part X

LOUI	990 (2023) EARTH DAT NETWORK INC	<u> </u>	3730	<u> </u>	Pa	ge •
Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,863</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,41</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 44</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	<u>, 45</u>	<u>1,9</u>	<u>43.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	<u>,904</u>	<b>4,</b> 5	<u>74.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EARTH DAY NETWORK INC

Employer identification number

		L'ART.	U DAI MEIM	JKK INC				3-3/30400
Pa	art I	Reason for Public (	Charity Status. (	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	zation is not a private found						
1		A church, convention of chu					I)(A)(i).	
2	一	A school described in <b>secti</b>					N N	
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	H	A medical research organiza					•	the hospital's name
7		city, and state:	ation operated in our	ijanotion with a noopital	accombca	III SCCIIO	11 17 0(B)(1)(A)(III). Entor	the noopital o name,
_			or the benefit of a col	logo or university ewned	l or operat	od by a go	worpmontal unit describe	ad in
5		An organization operated for		lege or university owned	or operati	eu by a go	vernmental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local gov	-					
7	X	An organization that normal	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
		university:						
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	•	•				-
		See section 509(a)(2). (Cor		,			, ,	,
11		An organization organized a	•	vely to test for public sat	fety See	section 50	09(a)(4).	
12	Ħ	An organization organized a	•		•			nurnoses of one or
		more publicly supported org	•	•	•		•	•
		lines 12a through 12d that	-					SHOOK THE BOX OH
_		,	* *				· · · · · ·	air in a
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	_		
		the supported organization	· · · · · ·		majority c	it the direc	ctors or trustees of the st	apporting
		organization. You must c						
k	) <u> </u>	Type II. A supporting orga						-
		control or management of			ame perso	ns that co	ntrol or manage the sup	oorted
		organization(s). You mus						
C	;	Type III functionally inte	<b>grated.</b> A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
C	i	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organia	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e	,	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
ç		ride the following information	about the supported	d organization(s).				
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3764161.	3310572.	3653830.	7449938.	13674404.	31852905.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3764161.	3310572.	3653830.	7449938.	13674404.	31852905.
5							
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16459994.
6	Public support. Subtract line 5 from line 4.						15392911.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3764161.	3310572.	3653830.		13674404	31852905.
	Gross income from interest.	3,012020	33233723	3033333	7 2 2 3 3 3 3 3		520023000
Ü	dividends, payments received on						
	-						
	securities loans, rents, royalties,	132 199	125 63/	125,225.	37 764	157 302	578,124.
•	and income from similar sources	152,155.	123,034.	123,223.	37,704.	137,302.	370,124.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital		6,576.	1 926	661 755	_1 979	671,279.
	assets (Explain in Part VI.)		0,370.	4,020.	001,733.	-1,070.	33102308.
	<b>Total support.</b> Add lines 7 through 10		`			40	64,789.
	Gross receipts from related activities,	,	,			12	04,709.
13	First 5 years. If the Form 990 is for th	-		-			
<u>S</u>	organization, check this box and stor						
	ction C. Computation of Publi			- al (f))		44	46.50 %
	Public support percentage for 2023 (I					14	
	Public support percentage from 2022					15	
102	33 1/3% support test - 2023. If the contains	-					
	stop here. The organization qualifies		•				
	33 1/3% support test - 2022. If the d						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organia	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
							(Form 990) 2023

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	<u></u>

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Schedule A (Form 990) 2023

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- Ou		
OI-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

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Pa	TIV Supporting Organizations (continued)			
		$\rightarrow$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	<del></del>	1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>.                                      </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

edule A	(Form 990) 2023	EARTH	DAY	NETWORK	INC	13-3798288	Page (
rt V	Type III Non-Function	onally Inte	grate	d 509(a)(3) S	upporting Organizations		

1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	(5) 0
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

**Employer identification number** 

EARTH DAY NETWORK INC 13-3798288 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# EARTH DAY NETWORK INC

13-3798288

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$800,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,375,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,000,000.	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# EARTH DAY NETWORK INC

13-3798288

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		Ψ	Schedule B (Form 990) (20

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** EARTH DAY NETWORK INC 13-3798288 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 info. once.) Use duplicate copies of Part III if additional space is needed. (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. 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 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EARTH DAY NETWORK INC

**Employer identification number** 13-3798288

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
A Aggregate value of grants from (during year)	
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	163 110
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 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 imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easemer	—
Countries voluntees needed to membering, inepecting, nationing of violatione, and embedding ecological education	ones danning the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation 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 describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	olic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
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.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 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:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, or	Othe	r Simila		S (contin		age Z
3	Using the organization's acquisition, accessi								COITE	iaca)	
_	collection items (check all that apply).	,	-,	<b>,</b>			9				
а	Public exhibition	d		l oan or exc	hange progra	ım					
b	Scholarly research	e			9-  9						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of							000 1111 411	7		
•	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			3				,	,		
	Is the organization an agent, trustee, custod	an, or other intermed	diary for	contribution	s or other as	sets not	included	i			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		
	, .	•	Ü						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							•	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		Ī
	t V Endowment Funds Complete it										
	<u>'</u>	(a) Current year		rior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance			-							
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a	. column (a)	) held as:						
a	Board designated or quasi-endowment	•	%	,, 00.0 (0,)	,,						
b	Permanent endowment		_^~								
c		<u></u> , °									
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	tion that	are held ar	nd administer	ed for th	ne				
	organization by:	3								Yes	No
									3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumula	ted	(d) Boo	k valu	<u> </u>
		basis (investr			(other)	٠,	preciatio	<b>I</b>	( )		
1a	Land										
	Buildings										
	Leasehold improvements			24	8,630.		155,8	307.	9:	2,8	23.
d	Equipment				0,399.		110,3				0.
	Other				6,668.		36,6				0.
	. Add lines 1a through 1e. (Column (d) must e		X line 10						9:	2,8	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EARTH DAY N	ETWORK INC	13	-3798288 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) SHORT TERM AND CASH			
(B) EQUIVALENTS	5,336,301.	END-OF-YEAR MARKET	VALUE
(C) PUBLICLY-TRADED EQUITY			
(D) SECURITIES	39,790.	END-OF-YEAR MARKET	VALUE
(E) FIXED INCOME SECURITIES	1,793,528.	END-OF-YEAR MARKET	VALUE
(F) CERTIFICATES OF DEPOSIT	500,000.	END-OF-YEAR MARKET	VALUE
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	7,669,619.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	- I		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	. (D))		L
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability	on Form 990, Fait IV, IIIle I	TO SET THE OBE FORM 990, PAREA, IIIIe 23	(b) Book value
			(b) Book value
(1) Federal income taxes			601 057

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE	601,957.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	601,957.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 ... X

Schedule D (Form 990) 2023

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With R	evenue per Ret	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Totalı	revenue, gains, and other support per audited financial statements			1	13,949,303.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С	Recov	reries of prior year grants	2c			
d		(Describe in Part XIII.)		87,932.		
е		nes <b>2a</b> through <b>2d</b>			2e	87,932.
3	Subtra	act line 2e from line 1			3	13,861,371.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Totalı	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		5	13,861,371.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements With I	Expenses per R	leturi	n
-		Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total e				1	4,499,672.
1 2			ne 12a.			
_	Amou	expenses and losses per audited financial statements	ne 12a.			
2	Amou Donat	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.			
2 a	Amou Donat Prior y	expenses and losses per audited financial statements  nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	2a 2b			
2 a	Amou Donat Prior y Other	expenses and losses per audited financial statements  nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments	2a 2b 2c			4,499,672.
2 a	Amou Donat Prior y Other Other	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses	2a 2b 2c 2d	87,932.		4,499,672. 87,932.
2 a b c d	Amou Donat Prior y Other Other Add lin	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.) nes 2a through 2d	2a 2b 2c 2d	87,932.	1	4,499,672.
a b c d	Amou Donat Prior y Other Other Add lii Subtra	expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	87,932.	1 2e	4,499,672. 87,932.
2 a b c d e 3	Amou Donat Prior y Other Other Add lii Subtra Amou	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities year adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1	2a 2b 2c 2d	87,932.	1 2e	4,499,672. 87,932.
2 a b c d e 3	Amou Donat Prior y Other Other Add lii Subtra Amou Invest	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities /ear adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 ints included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	87,932.	1 2e	4,499,672. 87,932.
2 a b c d e 3 4 a	Amou Donat Prior y Other Other Add lii Subtra Amou Invest Other	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1 ints included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	87,932.	1 2e	4,499,672. 87,932.

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

#### PART X, LINE 2:

| Part XIII | Supplemental Information

EDN ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ASC TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. EDN PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2023, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2020 THROUGH 2022 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND LOCAL JURISDICTIONS IN WHICH EDN FILES

# 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.

Open to Public

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

Inspection

**Employer identification number** 

### EARTH DAY NETWORK INC

13-3798288 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,							
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						Yes X No	
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	side the	
	United States.						
_3_	Activities per Region. (The	ne following Part		n be duplicated if additional space is n	1	_	
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total	
		offices	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and	
		in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments	
			in the region	recipients located in the region,	or service(s) in the region	in the region	
					ACTIVITIES SURROUNDING		
					THE ANNUAL EARTH DAY		
SOU	TH ASIA	0	0	PROGRAM SERVICES	EVENTS	148,458.	
					ACTIVITIES SURROUNDING		
	OPE (INCLUDING				THE ANNUAL EARTH DAY		
ICEI	LAND & GREENLAND)	0	0	PROGRAM SERVICES	EVENTS	70,504.	
					ACTIVITIES SURROUNDING		
					THE ANNUAL EARTH DAY		
SOUT	TH AMERICA	0	0	PROGRAM SERVICES	EVENTS	12,000.	
					ACTIVITIES SURROUNDING		
					THE ANNUAL EARTH DAY		
SUB-	SAHARAN AFRICA	0	0	PROGRAM SERVICES	EVENTS	29,998.	
MIDDLE EAST AND				GRANTS TO RECIPIENTS			
NORTH AFRICA		0	0	LOCATED IN REGION		58,000.	
EAST ASIA AND THE			GRANTS TO RECIPIENTS				
PAC	IFIC	0	0	LOCATED IN REGION		146,703.	
				GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA 0		0	LOCATED IN REGION		13,500.		
	ASIA AND THE	_		GRANTS TO RECIPIENTS			
PACI		0		LOCATED IN REGION		35,485.	
	Subtotal	0	0			514,648.	
b	Total from continuation	_	_			_	
	sheets to Part I	0	0			0.	
С	Totals (add lines 3a	_	_			F1	
	and 3b)	0	0			514,648.	
Eor I	Panerwork Reduction Ac	t Natica saa th	a Instructions f	or Form 990	Schodulo E	(Form 990) 2023	

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 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>(b)</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)
			TREE PLANTING IN					
			MADAGASCAR FOR CANOPY					
		NORTH AFRICA	PROJECT	58,000.	WIRE	0.		
			TREE DIAMETRA IN					
			TREE PLANTING IN INDIA FOR THE CANOPY					
			PROJECT	146,703.	WIDE	0.		
		SOUTH AMERICA -	I ROUBET	140,703.	WIKE	0.		
			TREE PLANTING IN					
		BOLIVIA, BRAZIL,	BRAZIL FOR THE CANOPY					
			PROJECT	11,657.	WIRE	0.		
		,						
			TREE PLANTING IN					
		EAST ASIA AND	BANGLADESH FOR CANOPY					
		PACIFIC	PROJECT	7,600.	WIRE	0.		
		aun aluanau	TREE DIAMETRIC HOR					
		SUB-SAHARAN AFRICA	TREE PLANTING FOR CAOPY PROJECT	8,500.	WIDE	0.		
		AFRICA	CAOPY PROJECT	8,500.	WIRE	0.		
		EAST ASIA AND THE	TREE PLANTING FOR					
		PACIFIC	CAOPY PROJECT	16,228.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
_	

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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

Page 4

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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 the Instructions for Form 5471)	Yes	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 the Instructions for Form 8621)	Yes	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 the Instructions for Form 8865)	Yes	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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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 ORGANIZATION RECEIVES GRANT PROPOSALS FROM THE GRANTEES AND UPON
ACCEPTANCE THE GRANTEE IS REQUIRED TO PROVIDE A REPORT ON THE USE OF
FUNDS AND AREAS THAT WERE PLANTED UNDER GRANTS. MANY GRANTS ARE PAID ON
A PROGRESS OF WORK BASIS AFTER THE REPORT IS RECEIVED.

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 13-3798288 EARTH DAY NETWORK INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 CLIMATE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			LEADERSHIP G (event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue	1	Gross receipts	119,475.	(	(	119,475.			
_	2 Less: Contributions								
	3	Gross income (line 1 minus line 2)	119,475.			119,475.			
	4	Cash prizes							
	5	Noncash prizes							
sesued	6	Rent/facility costs	42,314.			42,314.			
Direct Expenses	7	Food and beverages	34,926.			34,926.			
	8 9	Entertainment Other direct expenses	40 600			10,692.			
	10	Direct expense summary. Add lines 4 through				87,932.			
Da	11 rt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization		000 Dort IV line 10 or	roported more than	31,543.			
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or i	reported more than				
		,, <u></u> ,	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
eve!									
	1	Gross revenue							
	_	Ocale assistan							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4 Rent/facility costs								
_	5	Other direct expenses							
		Volunteer labor	Yes % No	Yes %	Yes %				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  Yes									
								b	IT "
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No								
~	_	If "Yes," explain:							
	_								

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 EARTH DAY NETWORK INC 13-	37982	88 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
	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?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
		13b	<del>//</del> %
	An outside facility	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Ye	es L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
_	······································		
	Name		
	Address		
	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	Ye	
	retain the state gaming license?	L Y6	es LL No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) Part IV Supplemental Infor	EARTH DAY NETWORK	INC	13-3798288 Page 4
Part IV   Supplemental Infor	mation (continued)		
	(1111)		

### 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**

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

EARTH DAY	NETWORK	INC					13-3798288
Part I General Information on Grants and	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$		1			(f) Method of	Ī	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MDDDG DOD MAD DAWNADD							
TREES FOR THE FUTURE PO BOX 7027							TREE PLANTING FOR CANOPY
SILVER SPRING, MD 20907	52-1644869	501(C)(3)	52,500.	0.			PROJECT
EILVER BIRING, ID 2050.	32 1011003	301(0)(3)	32,300.	•			1.00101
REDWOOD FOREST FOUNDATION PO BOX 12							TREE PLANTING FOR CANOPY
MEDOCINO, CA 95460	68-0404767	501(C)(3)	10,000.	0.			PROJECT
2 Enter total number of section 501(c)(3) an	-		e line 1 table				
3 Enter total number of other organizations	i iistea iii the iine	ı ıavie					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	ion required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
HE ORGANIZATION RECEIVES GRANT	PROPOSALS F	ROM THE GI	RANTEES AND	UPON	
ACCEPTANCE THE GRANTEE IS REQUI	RED TO PROVI	DE A REPOI	RT ON THE U	SE OF FUNDS	
AND AREAS THAT WERE PLANTED UND			TS ARE PAID		
PROGRESS OF WORK BASIS AFTER TH					
TROUBLE OF WORLD BIRTH III.		<u> </u>			

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

EARTH DAY NETWORK INC

 $Employer\ identification\ number \\ 13-3798288$ 

Га	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	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  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(90) aggregations must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Fo		x
	The organization?	5a		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
O	contingent on the net earnings of:			
_		6a		х
	The organization?	6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		25
7	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	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>_</b>		_ <del>-</del>
•		<sub>R</sub>		x
9				
•	Regulations section 53.4958-6(c)?	9		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  Regulations section 53.4958-6(c)?	8		X

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHLEEN ROGERS	(i)	243,170.	0.	0.	13,569.	4,489.	261,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN BASS	(i)	179,453.	0.	0.	9,004.	4,462.	192,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS COSGROVE	(i)	164,072.	0.	0.	9,791.	11,329.	185,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

## **SCHEDULE 0** (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

EARTH DAY NETWORK INC

**Employer identification number** 13-3798288

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WORLDWIDE, AND TO MOBILIZE IT AS THE MOST EFFECTIVE VEHICLE FOR PROMOTING A HEALTHY, SUSTAINABLE ENVIRONMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CONSUMER ACTIVISM CAMPAIGNS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: VARIOUS OTHER PROGRAMS TO PROMOTE THE MISSION OF EDN EXPENSES \$ 584,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION CIRCULATES FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR INITIAL REVIEW. THEN, PRIOR TO THE SUBMISSION OF THE RETURN IT IS CIRCULATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: AT LEAST ANNUALLY, THE ORGANIZATION POLLS BOARD MEMBERS, OFFICERS AND KEY STAFF MEMBERS ON THE EXISTENCE OF ANY CONFLICTING INTERESTS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NY,OH,OK,OR,PA,RI,SC TN,UT,VA,WA,WI,WV

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

THE ORGANIZATION POSTS ITS FINANCIAL STATEMENTS ON ITS WEBSITE AND MAKES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization  EARTH DAY NETWORK INC	Employer identification number 13-3798288
OTHER DOCUMENTS AVAILABLE UPON REQUEST.	

#### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

EARTH DAY NET	13-3798	13-3798288					
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))		Yes	No
VOTE EARTH ACTION FUND - 85-0909874  1752 N STREET, NW, SUITE 700  WASHINGTON, DC 20036	SOCIAL WELFARE	DISTRICT OF COLUMBIA	501(C)(4)		EARTH DAY NETWORK	x	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
-											<u> </u>

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?		
		country)		,				Yes	No		
-											
-	-										
-											

Page 3

Yes No

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

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

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

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

D	Giff, grant, or capital contribution to related organization(s)				מר		
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
	Performance of services or membership or fundraising solicitations for related organizations				11		X
m	Performance of services or membership or fundraising solicitations by related organizations	ation(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(	ı(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		_X
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	olved/		
/1\							
('')							
(2)							
\ <del>-</del> /_							
(3)							
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(5)							
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(6)							
	3 09-28-23			Schedule	R (For	n 990)	2023
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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000