WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

CLIMATE SCIENCE LEGAL DEFENSE FUND 475 RIVERSIDE DRIVE, NO. 244 NEW YORK, NY 10115

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning and	ending	-	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	CLIMATE SCIENCE LEGAL DEFENSE FUND			
F	Name			47-19411	71
F	Initial return		Room/suite	E Telephone number	
	Final return termin	475 RIVERSIDE DRIVE	244	646-801-	0853
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	368,767.
F	lreturn	NEW TORK, NI TOITS		H(a) Is this a group re	
	Application pendi			for subordinates	
_		SAME AS C ABOVE	507	H(b) Are all subordinates in	
<u>+</u>	lax-ex	empt status: X 501(c)(3)	or 527	1	list. See instructions
		forganization: X Corporation Trust Association Other	I Veer	H(c) Group exemption	number Number State of legal domicile: DE
		Summary	L Year	or formation: ZOI4 N	State of legal doffliche; DE
	$\overline{}$	Briefly describe the organization's mission or most significant activities: SEE	SCHEDII	T.E O	
Governance	1	Briefly describe the organization's mission or most significant activities:	beniabo		
nar	2	Check this box if the organization discontinued its operations or dispo	seed of more	than 25% of its not as	cote
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		1 1	7
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			7
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			15
妄		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		502,800.	357,913.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	7,500.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,960.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,086.	394.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		503,886.	368,767.
	13	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)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		263,027.	208,499.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. <u></u>	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 48,2		005.400	225 242
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		235,198.	236,213.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		498,225.	444,712.
	19	Revenue less expenses. Subtract line 18 from line 12		5,661.	-75,945.
Net Assets or Find Balances			Ве	ginning of Current Year 805,332.	End of Year 759,396.
SSE	20	Total assets (Part X, line 16)		18,478.	48,487.
let /	21	Total liabilities (Part X, line 26)		786,854.	710,909.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		700,054.	710,909.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the hest of my	knowledge and helief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of w		-	, Kilowioago alia bollol, it lo
	,	Lauren Kurt			
Sig	ın	Signature of officer		Date	
He		LAUREN KURTZ, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Preparer's signature	1	Date Check	PTIN
Pai	d	YIGIT UCTUM, CPA		10/27/21 if self-employed	_d P01269549
Pre	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031
Use	Only	Firm's address 230 PARK AVE FL 3			
		NEW YORK, NY 10169-0005		Phone no.21	2-551-1724
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: THE CLIMATE SCIENCE LEGAL DEFENSE FUND (CSLDF) PROTECTS THE SCIENTED	LETC
	ENDEAVOR BY PUTTING OUR LEGAL EXPERTISE TO WORK FOR SCIENTISTS WHO	
	THREATENED OR SILENCED FOR DOING THEIR JOBS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		x X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, and
	revenue, if any, for each program service reported.	<u> </u>
4a		,500.
	THE CLIMATE SCIENCE LEGAL DEFENSE FUND WORKS TO EDUCATE THE SCIENT	
	COMMUNITY ABOUT THEIR RIGHTS AND THEIR RESPONSIBILITIES REGARDING I	
	ISSUES SURROUNDING THEIR WORK, AS WELL AS EDUCATE THE PUBLIC ON LEGISSUES FACING SCIENTISTS. THE CLIMATE SCIENCE LEGAL DEFENSE FUND A	
	SERVES AS A CLEARINGHOUSE FOR INFORMATION RELATED TO LEGAL ACTIONS	ספר
	TAKEN AGAINST SCIENTISTS IN ORDER TO PROVIDE LAWYERS REPRESENTING	
	SCIENTISTS WITH INFORMATION ABOUT PAST CASES AND STRATEGIES. THE	
	CLIMATE SCIENCE LEGAL DEFENSE FUND TAKES AN ACTIVE INTEREST IN	
	LITIGATION INVOLVING SCIENTISTS, INCLUDING HELPING RAISE FUNDS FOR	
	SCIENTISTS' DEFENSE, SERVING AS A RESOURCE IN FINDING PRO BONO	
	REPRESENTATION, FILING COURT PAPERS URGING THE PROTECTION OF SCIENCE	Œ
	AND SCIENTISTS, AND PROVIDING SUPPORT DURING DIFFICULT LITIGATION (
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 319,997.	
	Form ¹	990 (2020)

032002 12-23-20

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ.
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,	44.	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4415		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
	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		
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		X

Part IV | Checklist of Required Schedules (continued)

				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	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 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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 A	· ·						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		X			
	any contributions that were not tax deductible as charitable contributions?		6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		6h					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c)		6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5					
Ŭ	to file Form 8282?		7с		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е								
f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	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			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:	ı						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	المد						
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
b	amounts due or received from them.)	11h						
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or						
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		Г	. 000	(0000)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LAUREN KURTZ - 646-801-0853			
	475 RIVERSIDE DR STE 244, NEW YORK, NY 10115			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAUREN KURTZ	40.00	1		l				00.000	•	40 000
EXECUTIVE DIRECTOR				Х				88,000.	0.	10,273.
(2) JOSHUA WOLFE	5.00	ļ		l					•	
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) SCOTT MANDIA	1.00	ļ		l					•	
SECRETARY	0.00	Х		Х				0.	0.	0.
(4) CHARLES ZELLER	2.00	١								_
TREASURER	<u> </u>	Х		Х				0.	0.	0.
(5) ANDREW FREY	5.00	١,,		,,					•	_
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(6) NAOMI ORESKES	1.00	١,,							•	_
DIRECTOR	1 00	Х						0.	0.	0.
(7) JEFFREY MASTERS	1.00	١,,							•	_
DIRECTOR	1 00	Х						0.	0.	0.
(8) MICHAEL OPPENHEIMER	1.00	X						0.	0.	_
DIRECTOR		^						0.	0.	0.
		1								
		-								
		1								

(A) (B) Name and title Average		· 1 - 5 ·						(D)	(E) Reportable			(F)	٨
Name and title	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	compensation from related		an	timate nount o other	
	(list any hours for	or director	a)			ted		the organization	organization (W-2/1099-MIS			pensa om the	
	related organizations	trustee (al truste		yee	mpensa		(W-2/1099-MISC)				anizati d relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		-											
1b Subtotal								88,000.		0.	1	0,2	73. 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								88,000.		0.	1	0,2	
Total number of individuals (including but compensation from the organization								eceived more than \$100	0,000 of reportab	le			0
												Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> since 1 and 1 an			•	•	•	•	•	hest compensated emp	•		3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	/ unr					4		
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son .					5		X
Complete this table for your five highest co	=	-								npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir 	n the organization's tax y (B)	year.		(C	2)	
Name and business	address	N	INC	3				Description of s	ervices	С	compe		า
2 Total number of independent contractors	including but n	not li	mito	d to	the	ال مع	sted	d ahove) who received ~	ore than				
\$100,000 of compensation from the organ		iot il		u 10		0	J.CU	above, wild leceived II	iore triari		Form	000 /-	2000

Form	990 ((2020) CLIM	IATE	SCIEN	ICE LEGAL	DEFENSE F	UND	47-1941	171 Page 9
Pa	rt VII	Statement of Reve	enue						
		Check if Schedule O co	ntains a	response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b					
		Fundraising events		1c					
ar /		Related organizations		1d					
ini's,		Government grants (contrib		1e					
tion		All other contributions, gifts, gra							
		similar amounts not included at	oove	1f	357,913.				
do	g	Noncash contributions included in lin	nes 1a-1f	1g \$					
<u>3 E</u>	h	Total. Add lines 1a-1f				357,913.			
					Business Code				
<u>ic</u>	2 a	PROGRAM SERVIC	E FE	ES	900099	7,500.	7,500.		
er e	b								
n S	С								
Re	d								_
Program Service Revenue	е								
_	f	All other program service re				7,500.			
\dashv		Total. Add lines 2a-2f				7,500.			
	3	3 Investment income (including dividends, intere				2,960.			2,960.
	4	Income from investment of t	unts)			2,5000			273001
	5	Royalties		-	1				
	J	Г		i) Real	(ii) Personal				
	6 a	Gross rents 6	Sa 🖳	,	()				
			Sb Sb						
	c	· · · · · · · · · · · · · · · · · · ·	Sc Sc						
	d	Net rental income or (loss)							
		Gross amount from sales of		ecurities	(ii) Other				
			7a						
	b	Less: cost or other basis							
e le		and sales expenses	7b						
evenue	С		7c						
œ I		Net gain or (loss)		<u></u>	>				
Other	8 a	Gross income from fundraising	events (r	not					
₽		including \$		of					
		contributions reported on lir	•						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from full			D				
	9 a	Gross income from gaming		I					
		Part IV, line 19							
		Less: direct expenses Net income or (loss) from ga		· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, les							
	10 a			I					
	h	and allowances Less: cost of goods sold							
		Net income or (loss) from sa			· .				
_		TOT HOUSE OF HOUSE HOLL SA	01 111	TOTALOTY	Business Code				
Miscellaneous Revenue	11 a				12.23				
ane	b								
e e	c								
Aisc	d	All other revenue			900099	394.			394.
		Total. Add lines 11a-11d				394.			
	12	Total revenue. See instructions	3		.	368,767.	7,500.	0.	3,354.

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

_	Check if Schedule O contains a respons	se or note to any line in to (A)	this 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				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
,	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	98,273.	83,532.	9,827.	4,914
_	trustees, and key employees	90,273.	03,332.	9,021.	4,714
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 750	70 700	2 201	7 (01
7	Other salaries and wages	83,750.	72,788.	3,281.	7,681
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 100	40 650		4 4 4 4 4
9	Other employee benefits	12,466.	10,659.	647.	1,160
0	Payroll taxes	14,010.	11,836.	1,087.	1,087
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	9,750.		9,750.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	161,163.	102,481.	30,765.	27,917
2	Advertising and promotion	2,133.	1,526.	439.	27,917 168
3	Office expenses	10,256.	340.	6,899.	3,017
4	Information technology	2,978.	2,630.	174.	174
		2/5/61	2,000		
5	Royalties	26,752.	23,055.	1,848.	1,849
6	Occupancy	20,752.	25,055.	1,040.	1,045
7	Travel				
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	2 202	2 202		
9	Conferences, conventions, and meetings	2,282.	2,282.		
0	Interest				
1	Payments to affiliates	4 - 1 2	2 646	265	
2	Depreciation, depletion, and amortization	4,513.	3,646.	867.	
3	Insurance	15,845.	5,000.	10,845.	
4	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					
b					
С					
d					
е	All other expenses	541.	222.	11.	308
25	Total functional expenses. Add lines 1 through 24e	444,712.	319,997.	76,440.	48,275
<u> </u>	Joint costs. Complete this line only if the organization	,	- ,	-,	- , - , -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2

Ра	ILA	Charle if Calculula Charlesina a vaccina and		line in this Deat V			
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			750,443.	1	436,204.
	2	Savings and temporary cash investments	0.	2	277,960.		
	3	Pledges and grants receivable, net	38,037.	3	14,109.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr		F		6	
şts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10 1==	8	
⋖	9	Prepaid expenses and deferred charges			13,677.	9	13,711.
	10a	Land, buildings, and equipment: cost or other		22.454			
		basis. Complete Part VI of Schedule D		23,161.	4 4 4 5		45 000
	b	Less: accumulated depreciation	1,145.	10c	15,382.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets	0.020	14	0.020		
	15	Other assets. See Part IV, line 11			2,030.	15	2,030.
	16	Total assets. Add lines 1 through 15 (must e			805,332.	16	759,396.
	17	Accounts payable and accrued expenses			18,478.	17	10,385.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or					
ij		trustee, key employee, creator or founder, su					
Ei		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel		F		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24	. Complete Part X	0.	25	38,102.
	26	of Schedule D			18,478.	26	48,487.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,			10,470	20	10,107.
es		and complete lines 27, 28, 32, and 33.	CHECK HE				
auc	27				637,193.	27	682,159.
Bala	28	Net assets with donor restrictions			149,661.	28	28,750.
I Pu	20	Organizations that do not follow FASB AS			213,0021	20	207,300
Ē		and complete lines 29 through 33.	O 330, CII	scrilere P			
٥	29	Capital stock or trust principal, or current fur	nde			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulate				31	
et,	32	Total net assets or fund balances			786,854.	32	710,909.
~	33	Total liabilities and net assets/fund balances			805,332.	33	759,396.
	<u> </u>	Total habilities and het assets/fullu balances			000,002.	JJ	Form 990 (2020)

Pa	ae	1	2
1 4	yc.		-

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	Pa	rt XI Reconciliation of Net Assets					_
2 Total expenses (must equal Part IX, column (A), line 25) 2 444 7,712 3 Revenue less expenses. Subtract line 2 from line 1 3 -775, 945 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 786 , 854 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)) 10 710 , 909 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis and the organization of its financial statements and selection of an independent accountant? 1 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: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Pothor or o		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 2 444 7,712 3 Revenue less expenses. Subtract line 2 from line 1 3 -775, 945 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 786 , 854 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)) 10 710 , 909 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis and the organization of its financial statements and selection of an independent accountant? 1 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: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Pothor or o							
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Investment expenses 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1			-	
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A 786,854 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: X Separate basis Consolidated basis in Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 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: Separate basis Consolidated basis Both consolidated and separate basis c 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: Separate basis Consolidated basis Defined the sample of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set	2	Total expenses (must equal Part IX, column (A), line 25)	2			-	
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1f "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: X 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 a 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits	3	Revenue less expenses. Subtract line 2 from line 1	3				
Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The column (B) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process of vince that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		78	5,8	54.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X 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 c 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits a set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," idid the organization undergo the required audit or audits? If the organization did not undergo the required audit	5	Net unrealized gains (losses) on investments	5				
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 To 1, 90 9 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 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: X 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	6	Donated services and use of facilities	6				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 710, 909 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7		7				
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting	8		8				
Column (B))	9		9				0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Note	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		column (B))	10		71),9	09.
Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting					
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Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
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b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
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Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:					
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As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	o.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
		Act and OMB Circular A-133?		L	3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

CLIMATE SCIENCE LEGAL DEFENSE FUND

Employer identification number 47-1941171

Pa	irt i	Reason for Public (Charity Status.	(All organizations must c	omplete tr	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz						the hospital's name.
		city, and state:	·					,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, 3		
6		A federal, state, or local gov	•	nental unit described in s	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (Co		and part of its support	rom a gov	ommonia	arms of from the gorioral	pasile decembed in
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9	Ħ	An agricultural research org				nd in coni	unction with a land grant	collogo
9	ш	-				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see iristructions).	Enter the	marrie, city	, and state of the colleg	le ui
10		university: An organization that norma	Ily rosoivos (1) moro	than 22 1/20/, of its our	nort from		una mambarahin fasa a	ad aross resoints from
10		activities related to its exen						
		income and unrelated busin	-	•				-
				(less section of reak) in	om busine	sses acqu	illed by the organization	arter June 30, 1973.
11		See section 509(a)(2). (Cor An organization organized a		ively to test for public sa	faty Saa	section 50	10(a)(A)	
12	一	An organization organized a	•	*	-			nurnoses of one or
12		more publicly supported or	=	•	•		•	
		lines 12a through 12d that						SHOOK THE BOX III
а		Type I. A supporting orga						, aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		•		
		organization. You must c			a majority v	or the direc	ctors or trustees or the s	apporting
b		Type II. A supporting orga			tion with it	e sunnorti	ed organization(s), by ha	vina
-		control or management o	· ·					•
		organization(s). You mus			arric perse	nis triat oc	ontrol of manage the sup	ported
c		Type III functionally inte			in connec	tion with :	and functionally integrate	ed with
Ŭ		its supported organization						od With,
d		Type III non-functionally		•				ization(s)
_		that is not functionally int						
		requirement (see instruct	-	•	•		=	17011000
е		Check this box if the orga						
·		functionally integrated, or					. 1 ypo 1, 1 ypo 11, 1 ypo 111	
f	Ente	er the number of supported of						
q		vide the following information	•	ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(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)
Tota	al							

09331027 788028 12060.8TX01

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	71	•	•			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	286,268.	584,132.	736,698.	502,800.	357,913.	2467811.
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	006 060	504 400	506	500 000	255 242	0460044
4	Total. Add lines 1 through 3	286,268.	584,132.	736,698.	502,800.	357,913.	2467811.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						E20 255
	column (f)						530,355.
	Public support. Subtract line 5 from line 4.						1937456.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016 286, 268.	(b) 2017 584,132.	(c) 2018 736, 698.	(d) 2019 502,800.	(e) 2020 357, 913.	(f) Total 2467811.
	Amounts from line 4	200,200.	304,134.	130,090.	302,800.	337,913.	240/011.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					2,960.	2,960.
_	and income from similar sources					2,900.	2,300.
9	Net income from unrelated business						
	activities, whether or not the	105.	581.				686.
40	business is regularly carried on	103.	301.				000.
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						2471457.
12	Gross receipts from related activities,	eta (aga inetructi	ono)			12	8,809.
	First 5 years. If the Form 990 is for th			fourth or fifth tax			0,0051
10	organization, check this box and stop						
Sec	ction C. Computation of Publi						<u></u>
	Public support percentage for 2020 (I			column (f))		14	78.39 %
	Public support percentage from 2019					15	78.90 %
	33 1/3% support test - 2020. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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.)

50/	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inone under contion 512						
1							
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 6	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						<u> </u>
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	acquired offer June 20, 1075						
_							
	Add lines 10a and 10b Net income from unrelated business		+	+			
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			formale on fifth ton		[F01/a)/(0) average in a t	<u> </u>
14	First 5 years. If the Form 990 is for the	ū				. , . ,	ion,
800	check this box and stop here ction C. Computation of Publi						
	•			column (f))		15	0/
	Public support percentage for 2020 (li					16	<u>%</u> %
	Public support percentage from 2019 ction D. Computation of Inves					16	
	•					1 4 7 1	
17						17	<u>%</u>
18	Investment income percentage from 2					18	% 17 is not
198	33 1/3% support tests - 2020. If the						i / is not
	more than 33 1/3%, check this box ar						P L
t	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t	nis box and see in:	STRUCTIONS	🟲 📖

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
0.		
9b		
9с		
20		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	ion C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations	<u> </u>	<u> </u>	
	ien zur in Type in eurpperung er gannzutene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sect	ion 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 yea(see instructions	s).		
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	nstructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in 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	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. 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.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	5			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	ĭ
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 CHIMATE SCIENCE HEGAL DEFENSE FOND		/ Tygrill Page /
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Sect	tion E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistributions Pre-2020	ons	(iii) Distributable Amount for 2020

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CLIMATE SCIENCE LEGAL DEFENSE FUND

47-1941171

Organizatio	on type (check one	a):
Filers of:	:	Section:
Form 990 o	r 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
	[4947(a)(1) nonexempt charitable trust not treated as a private foundation
	[527 political organization
Form 990-P	F [501(c)(3) exempt private foundation
	[4947(a)(1) nonexempt charitable trust treated as a private foundation
	[501(c)(3) taxable private foundation
Ol I - if		
•	· ·	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Ru	le	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rul	les	
sec an	ctions 509(a)(1) ar y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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; ine 1. Complete Parts I and II.
col	ntributor, during the erary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
yea is d pu	ar, contributions e checked, enter he rpose. Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \bigsim \
but it must	answer "No" on P	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 II, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CLIMATE SCIENCE LEGAL DEFENSE FUND

47-1941171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 26,995.	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
4		\$10,000.	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
5		\$	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
6		\$\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

47-1941171 CLIMATE SCIENCE LEGAL DEFENSE FUND Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 Person **Payroll** 37,350. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person **Payroll** 8,150. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Person **Payroll** 13,314. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CLIMATE SCIENCE LEGAL DEFENSE FUND

47-1941171

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization 47-1941171 CLIMATE SCIENCE LEGAL DEFENSE FUND 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. 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

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 Open to Public Inspection

Name of the organization

CLIMATE SCIENCE LEGAL DEFENSE FUND

Employer identification number 47-1941171

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Sim	ilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised fur	nds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in	n donor advised fun	ds
	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 a	advisors in writing that grant f	unds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any ot	her purpose confer	ring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" or	n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	eservation of a histo	orically important land area
	Protection of natural habitat	L Pre	eservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution	n in the form of a co	pnservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or term	inated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and e	nforcing conservati	on easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforc	ing conservation ea	asements during the year
•) \$			2017
8	Does each conservation easement reported on line 2(d) abo			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		=	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's lina	anciai statements ti	iat describes trie
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art. Historical Treas	ures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Forn	•	a. 00, 0. 0 a. 10.	
12	If the organization elected, as permitted under FASB ASC 9		e statement and ha	lance sheet works
ıu	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina			nee of public
h	If the organization elected, as permitted under FASB ASC 9			e sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o exhibition, education, or rec		e er pasile der vice,
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar	Asse ⁻	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make sig	nificant use	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	└── No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on F	orm 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par									
ıa	Is the organization an agent, trustee, custodi		-						Yes	□ No
.	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							🖵	⊥ res	□ NO
D	ir res, explain the arrangement in Part XIII a	and complete the fo	llowing	table.					Amount	
_	Paginning balance						10		Amount	
	Additions during the year									
	Additions during the year Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						, 			
Pai										
	·	(a) Current year		rior year	(c) Two year			s back	(e) Four v	ears back
1a	Beginning of year balance	(, ,	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-, ,		- , ,		(-)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment	,	%	· .	"					
b	Permanent endowment	%	_							
С	Term endowment	/ 6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for the	e organizati	on		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part I	/, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)	. ,	cumulated eciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				4,411.		4,133			278.
	Other			1	.8,750.		3,646	•		,104.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)			•	15	,382.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CLIMATE SCI Part VIII Investments - Other Securities.	ENCE LEGAL DE	FENSE FUND 4	7-1941171 Page
Complete if the organization answered "Yes"	on Form 900 Part IV line	11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(a) Book value	(e) meaned of validation.	ia or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deelevelve
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	no 15)		
Part X Other Liabilities.		P	1
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f, See Form 990. Part X. line 2	25.
1. (a) Description of liability	, ,	, , , ,	(b) Book value
			<u> </u>

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYCHECK PROTECTION PROGRAM LOAN	38,102.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,102.

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..

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue per Audited Financia			
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			
Pa	rt XII Reconciliation of Expenses per Audited Financi	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	·		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b				
С				
d	,	· ·		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990 Part VIII line 7h			
	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	4b		
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, rt XIII Supplemental Information.	4b	5	+ VI
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa i Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	t XI,
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Schedule D (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CLIMATE SCIENCE LEGAL DEFENSE FUND

Employer identification number 47-1941171

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CLIMATE SCIENCE LEGAL DEFENSE FUND PROVIDES LEGAL ASSISTANCE TO CLIMATE SCIENCE RESEARCHERS AND INSTITUTIONS FACING LEGAL CHALLENGES BY POLITICALLY AND IDEOLOGICALLY MOTIVATED GROUPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR EFFORTS AND EDUCATIONAL RESOURCES PRESERVE AND EXPAND SCIENTISTS' RIGHTS AND STRENGTHEN LEGAL PROTECTIONS TO PROMOTE SCIENTIFIC INTEGRITY.

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

FORM 990, PART V, LINE 2A, PROFESSIONAL EMPLOYMENT ORGANIZATION: CLIMATE SCIENCE MAINTAINS A CO-EMPLOYMENT AGREEMENT WITH TRINET, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO), PROVIDING OUTSOURCED HUMAN RESOURCES AND EMPLOYER SERVICES. IN THIS ARRANGEMENT, THE EMPLOYEES ARE CONSIDERED COMMON LAW EMPLOYEES OF CLIMATE SCIENCE, HOWEVER, TRINET IS THE EMPLOYER OF RECORD, PAYROLL, BENEFITS, AND OTHER FUNCTIONS INVOLVING EMPLOYER-RELATED ADMINISTRATION.

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

THE PREPARED FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CLIMATE SCIENCE LEGAL DEFENSE FUND	Employer identification number 47-1941171
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A S	TATEMENT THAT
PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE	OF THEIR FAMILY
MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS C	F THE GOVERNING
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND	REVIEW ACTUAL
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM	I PARTICIPATING IN
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE T	'RANSACTION.
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION FOR MANAGEMENT PERSONNEL IS COMPARED TO THE	INDUSTRY STANDARDS
OF SIMILAR ORGANIZATION'S UPON FIRST HIRING. ALL SUBSEQUE	
REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE BOAR	
OVERALL FINANCIAL HEALTH OF THE ORGANIZATION INTO THEIR D	
OVERALL FINANCIAL HEALTH OF THE ORGANIZATION INTO THEIR L	ALCIDION HARTING.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	102,481.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	102,481.
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	23,654.
032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020

Name of the organization CLIMATE SCIENCE LEGAL DEFENSE FUND	Employer identification number 47-1941171
FUNDRAISING EXPENSES	27,917.
TOTAL EXPENSES	51,571.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,111.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,111.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	161,163.