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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ENVIRONMENTAL LEAGUE OF MASSACHUSETTS ACTION FUND INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
14 BEACON STREET
ROOM/SUITE 714

City or town, state or country, and ZIP + 4
BOSTON, MA 02108

D Employer identification number
04-2024004

E Telephone number
(617) 742-2553

F Group Exemption Number ▶

✱ ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☑ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐				
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ _____)			8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9	
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ _____)			16	
	17	**Total expenses** (add lines 10 through 16) ▶			17	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21	

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		22	
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	0	25	0
26 **Total liabilities** (describe ▶ _____)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
ENVIRONMENTAL ISSUES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 EDUCATE THE PUBLIC ABOUT THE WISE STEWARDSHIP AND CONSERVATON OF THE NATURAL ENVIRONMENT ADVOCATE MEASURES TO PROMOTE THE WISE STEWARDSHIP AND CONSERVATION OF THE NATURAL ENVIRONMENT
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36	Yes	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ MA

42a The books are in care of ▶ CORPORATION Telephone no ▶ (617) 742-2553

Located at ▶ 14 BEACON STREET SUITE 714 BOSTON, MA ZIP + 4 ▶ 02108

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	**48**	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**	
b	If "Yes," was the related organization(s) a section 527 organization?	**49b**	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-03-06 — Date

ANN WALLACE TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ THERESA J CREEDEN CPA	Date 2010-03-06	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SANDBERG GONZALEZ & CREEDEN PC 331 PAGE STREET 2ND FLOOR STOUGHTON, MA 02072			EIN ▶ Phone no ▶ (781) 344-0850

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVIRONMENTAL LEAGUE OF
MASSACHUSETTS ACTION FUND INC

Employer identification number
04-2024004

Part I **Liquidation, Termination or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. (Use Schedule N-1 if additional space is needed.)

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part I Liquidation, Termination or Dissolution *(continued)*

			Yes	No
	Note. If the organization distruibuted all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III	3		No
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	4a		No
b	(If "Yes," provide the date of the letter -)			
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a		No
b	If "Yes," did the organization provide such notice?	5b		
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6		No
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a		No
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b		No
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC Code section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

Explanation

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TY 2008 Compensation Explanation

Name: ENVIRONMENTAL LEAGUE OF MASSACHUSETTS ACTION FUND INC

EIN: 04-2024004

Person Name	Explanation
GEORGE BACHRACH	
ANN FOWLER WALLACE	
STEPHEN M LEONARD	
RICHARD H JOHNSON	
TAD AMES	
ROGER BERKOWITZ	

Person Name	Explanation
STEVEN P COHEN	
THERESA COHEN	
WILLIAM G CONSTABLE	
JOHN A CRONIN	
RALPH EARLE III	
MAGGIE GEIST	

Person Name	Explanation
SETH JAFFE	
ANNE KELLY	
KEVIN T KNOBLOCH	
MINDY LUBBER	
BERNARD J MCHUGH	
LAUREN RIKLEEN	

Person Name	Explanation
ANN C ROOSEVELT	
GWEN RUTA	
TEDD SAUNDERS	
ANDREW W SAVITZ	
FREDERICK WANG	

Additional Data

Software ID:
Software Version:
EIN: 04-2024004
Name: ENVIRONMENTAL LEAGUE OF MASSACHUSETTS ACTION FUND INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GEORGE BACHRACH 14 BEACON STREET BOSTON,MA 02108	PRESIDENT 2	0		
ANN FOWLER WALLACE 14 BEACON STREET BOSTON,MA 02108	TREASURER 2	0		
STEPHEN M LEONARD 14 BEACON STREET BOSTON,MA 02108	CHAIR 2	0		
RICHARD H JOHNSON 14 BEACON STREET BOSTON,MA 02108	VICE CHAIR 2	0		
TAD AMES 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
ROGER BERKOWITZ 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
STEVEN P COHEN 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
THERESA COHEN 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
WILLIAM G CONSTABLE 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
JOHN A CRONIN 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
RALPH EARLE III 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
MAGGIE GEIST 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
SETH JAFFE 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
ANNE KELLY 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
KEVIN T KNOBLOCH 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
MINDY LUBBER 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
BERNARD J MCHUGH 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
LAUREN RIKLEEN 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
ANN C ROOSEVELT 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
GWEN RUTA 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
TEDD SAUNDERS 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
ANDREW W SAVITZ 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		
FREDERICK WANG 14 BEACON STREET BOSTON,MA 02108	DIRECTOR 2	0		