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SCAMNED MAR @ 7 2012

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

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)

The organization may have to use a copy of this return to satisfy state reporting requirements. 2010

and ending MAR 31,

APR 1,

Open to Public

OMB No 1545-0047

В	Check if applicable	C Name of organization		D Employer identific	cation number				
_	□Addres	MATIONAL COUNCIL FOR AIR AND STREAM							
늗	lchange Name	IMPROVEMENT, INC.		12.1	005244				
늗	lchange ltnitial	<u> </u>	I		085344				
늗	lreturn ☐Termin-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
늗	—Jated □Amend∈	1.0. BOX 13310		919-941-6400					
누	⊥return ``]Applica	City or town, state or country, and ZIP + 4 RESEARCH TRIANGLE PARK, NC 27709-331	0	G Gross receipts \$	13,725,892.				
-	Lion pending		. 0	H(a) Is this a group re					
		F Name and address of principal officer: RONALD YESKE SAME AS C ABOVE		for affiliates?	Yes X No				
	Taylaya			H(b) Are all affiliates inc					
		mpt status: 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) e: ▶ WWW • NCASI • ORG	or 527	⊣ '	list (see instructions)				
		organization: X Corporation Trust Association Other	I. Voor	H(c) Group exemption	State of legal domicile: DE				
		Summary	L Teal	oriormation, 1945 N	State of legal domicile. DE				
		Briefly describe the organization's mission or most significant activities PROV	TDER (OF SCIENTIFI	CRESEARCH				
Governance	' ;	TO THE FOREST PRODUCTS INDUSTRY TO ACHIE	TDLK C	TRONMENTAL.	COALS				
nar	-	Check this box I if the organization discontinued its operations or disposition							
ě		Number of voting members of the governing body (Part VI, line 1a)	osea oi moi	1 1	17				
				3	17				
	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	90				
įį	1	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	90				
Activities &		Total number of volunteers (estimate if necessary)		6					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	43.				
_	l d	Net unrelated business taxable income from Form 990-T, line 34		7b	<2,457.>				
	1		<u> </u>	Prior Year	Current Year				
<u>a</u>	8 (Contributions and grants (Part VIII, line 1h)	L	1,916,226.	1,602,271.				
Revenue	9 1	Program service revenue (Part VIII, line 2g)		11,994,309.	12,040,639.				
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		61,966.	28,024.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,706.	49,003.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,041,207.	13,719,937.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,256,621.	1,001,451.				
	j .	Benefits paid to or for members (Part IX, column (A), line 4)	⊢	0.	0.				
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines.5:10)	, ⊢	10,253,254.	10,568,778.				
Expenses	160	Professional fundraising fees (Part IX, column (A), line (EVF)	רי ⊢	0.	0.				
Je.	100	Total fundament average (Part IV ashum (D) 11-05)	. 0.	/ "t h #					
쬬	1.5	Total fundraising expenses (Part IX, column (D) the 25)		3,145,526.	3,230,571.				
	11/	Other expenses (Part IX, column (A), lines 11a Hd, 11£240	{ 						
	18	Other expenses (Part IX, column (A), lines 11a 14d, 11f.24f) Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12.	:} ⊢	14,655,401.	14,800,800.				
	19			<614,194.					
ets or		L QGDEN, UT		leginning of Current Year	End of Year				
SSet	20	Total assets (Part X, line 16)	,	9,329,765.	8,272,715.				
Net Asse	21	Total liabilities (Part X, line 26)	<u> </u>	6,840,800.	6,478,205.				
		Net assets or fund balances Subtract line 21 from line 20		2,488,965.	1,794,510.				
		Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	er has any knowledge.					
		Roll Ustare		Fehl	3,2012				
Sig	ın	Signature of officer		Date					
He	re	RONALD YESKE, PRESIDENT							
		Type or print name and title		<u>-</u>					
_		Print/Type preparer's name Pregarer's signature		Date Check	PTIN				
Pai	id	John Hiskus CP4 John Liskus CP4		2/10/12 self-employ	POICE 1531				
	parer	Firm's name JOHNSON LAMBERT & CO. LLP		Firm's EIN	101081991				
	Only	Firm's address 700 SPRING FOREST ROAD, STE 115	5	THIIISEIN					
		RALEIGH, NC 27609	,	Dhana na 0	19-719-6400				
	. 41. 17			Phone no. 3					
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form 990 (2010)				

	in section of Decrease Consideration and Conside	03344	Page Z
Pai	ort III Statement of Program Service Accomplishments		ভ ি
_	Check if Schedule O contains a response to any question in this Part III		<u>X</u>
1	Briefly describe the organization's mission TO PROVIDE TECHNICAL INFORMATION AND SCIENTIFIC RESEARCH TO T	HE FOR	a Cur
	PRODUCTS INDUSTRY NEEDED TO ACHIEVE ENVIRONMENTAL GOALS AND	IID TOK	
	PRINCIPLES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	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?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	// / / / / / / / / / / / / / / / / / /	/ an a \)
	SOUTHERN REGIONAL PROGRAM - NCASI'S SOUTHERN REGIONAL CENTER		IS A
	CENTER FOR EXCELLENCE IN RESEARCH ON AIR QUALITY MANAGEMENT I & PAPER AND BUILDING PRODUCTS INDUSTRIES. RESEARCH ACTIVITI		
	& PAPER AND BUILDING PRODUCTS INDUSTRIES. RESEARCH ACTIVITI (A) DEVELOPMENT OF METHODS FOR MEASURING EMISSIONS FROM MANUF		
	PROCESSES; AND (B) TECHNICAL EVALUATION OF OPTIONS FOR CONTRO		NG
	EMISSIONS FROM MANUFACTURING PROCESSES. THE SRC PROGRAM ALSO		DES
		C OUTR	
	ACTIVITIES INCLUDE ORGANIZATION AND EXECUTION OF NCASI'S ANNU		
	SOUTHERN REGIONAL MEETING. CLIENTS SERVED INCLUDE ENVIRONME		
	PROFESSIONALS IN THE FOREST PRODUCTS INDUSTRY AND GOVERNMENT		ES.
	RECENT PRODUCTS OF THE SRC PROGRAM INCLUDE: SELECTED VOC EMIS		
	BROWN STOCK WASHERS, UNBLEACHED PAPER MACHINES AND BLACK LIQU	OR	
4b	/***** /(=,p************************************)
	WEST COAST REGIONAL PROGRAM - NCASI'S WEST COAST REGIONAL CEN		RC)
	FOCUSES ON ENVIRONMENTAL CHEMISTRY, CLIMATE CHANGE, AND FORES WATERSHED MANAGEMENT. RESEARCH ACTIVITIES IN THE WRC PROGRA		
	WATERSHED MANAGEMENT. RESEARCH ACTIVITIES IN THE WRC PROGRA (A) DEVELOPMENT AND EVALUATION OF METHODS FOR MEASURING CHEMI		
	EFFLUENTS FROM PULP AND PAPER MILLS; (B) DEVELOPMENT OF METHO		
	ESTIMATING GREENHOUSE GAS EMISSIONS FROM MANUFACTURING FACILI		
	THE FOREST PRODUCTS INDUSTRY; AND (C) FIELD STUDIES OF THE EF		
	FORESTRY PRACTICES ON AQUATIC ECOSYSTEMS. WRC OUTREACH ACTI		
	INCLUDE ORGANIZATION AND EXECUTION OF NCASI'S ANNUAL WEST COA		
	REGIONAL MEETING. CLIENTS SERVED INCLUDE ENVIRONMENTAL PROFE		LS
	IN THE FOREST PRODUCTS INDUSTRY AND GOVERNMENT AGENCIES. REC	ENT	
	PRODUCTS OF THE WRC PROGRAM INCLUDE: NEW SUBPARTS TO MANDATOR	Y GHG	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	NORTHERN REGIONAL CENTER - NCASI'S NORTHERN REGIONAL CENTER (
	CENTER FOR EXCELLENCE IN RESEARCH ON WATER QUALITY MANAGEMENT		
	FOREST PRODUCTS INDUSTRY. RESEARCH ACTIVITIES INCLUDE (A) TR		
	EVALUATION OF WATER QUALITY CRITERIA AND METHODS FOR THEIR DE (B) TECHNICAL EVALUATION OF OPTIONS FOR CONTROLLING EMISSIONS		ON;
	MANUFACTURING PROCESSES. THE NRC PROGRAM ALSO INCLUDES RESEA		
	SUSTAINABLE MANUFACTURING AND SUSTAINABLE FOREST MANAGEMENT.	NRC	
	OUTREACH ACTIVITIES INCLUDE ORGANIZATION AND EXECUTION OF NCA		
	ANNUAL NORTHERN REGIONAL MEETING. CLIENTS SERVED INCLUDE	<u></u>	
	ENVIRONMENTAL PROFESSIONALS IN THE FOREST PRODUCTS INDUSTRY A	ND	
	GOVERNMENT AGENCIES. RECENT PRODUCTS OF THE NRC PROGRAM INCL		
	ENVIRONMENTAL NEWS FOR RECYCLERS (VOL. 11, NO. 2; JUNE 2010);		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶		

Form 990 (2010) IMPROVEMENT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	77	<u> X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			,
	as applicable.	-		ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.5	Į
h	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	441.		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		Α.
Ů	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			.
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	<u> </u>
••	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	 	†
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

Part IV Checklist of Required Schedules (continued)

	• • • • • • • • • • • • • • • • • • • •		Yes	Ma
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		res	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	l
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	X
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			İ
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		;	v
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7,		
	instructions for applicable filing thresholds, conditions, and exceptions).			ĺ [*] -
а		28a		Ñ
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	٠,
34	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, Parts II, III, IV, and V, line 1		X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35	-	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		 ^
•	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ات ا	t	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2010

Page 5

	Check if Schedule O contains a response to any question in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37	1								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ᅵ		'							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7	1	f							
	(gambling) winnings to prize winners?	10	X	 							
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 90										
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	<u> </u>							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	<u> </u>							
b	If "Yes," enter the name of the foreign country CANADA	-		1							
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			37							
	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 transaction?	5b	+								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	+	\vdash							
ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	x	1							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	oa oa	+	 							
	were not tax deductible?	6b	X								
7	Organizations that may receive deductible contributions under section 170(c).		1								
а	Date to the second seco)r? 7a		1							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1							
	to file Form 8282?	7c	<u> </u>	<u> </u>							
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	—	 							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 -								
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>9</u>	 	┼							
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	?	+	+-							
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	-							
9	Sponsoring organizations maintaining donor advised funds.	1	+	 							
а	Did the organization make any taxable distributions under section 4966?	9a	-								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	T							
10	Section 501(c)(7) organizations. Enter:			<u> </u>							
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ì							
11	Section 501(c)(12) organizations. Enter:		1								
а	Gross income from members or shareholders	4									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40-	amounts due or received from them)	│ -:-									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	1	+-							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv									
	Is the organization licensed to issue qualified health plans in more than one state?	13:	,—	+-							
-	Note. See the instructions for additional information the organization must report on Schedule O	-13	+	 							
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			1							
С	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14									
		For	m 990	(2010)							

Form 990 (2010)

IMPROVEMENT, INC.

13-1085344

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

	Check if Schedule O contains a response to any question in this Part VI			X							
<u>Sec</u>	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 17			_							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17]								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i									
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Does the organization have members or stockholders?										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the										
	governing body?	7a	Х								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	by the following										
а	The governing body?	8a	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 in 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	Does the organization have local chapters, branches, or affiliates?	10a	X								
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with those of the organization?	10b	X								
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ .							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise										
	to conflicts?	12b	X								
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this is done	12c	X								
13	Does the organization have a written whistleblower policy?	13	X								
14	Does 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	X								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	ł									
	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 ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for									
	public inspection. Indicate how you make these available. Check all that apply.										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal								
	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation.	-								
	TAMMERAH GARREN - 919-941-6400										
	3106 EAST NC HIGHWAY 54, RESEARCH TRIANGLE PARK, NC 27709										

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

Check if Schedule O contains a response to any question in this Part VII

X

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.

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

(A)	(B)	organization compensation (C)						(D)	(E)	(F)	
Name and Title	Average	Position						Reportable	Reportable	Estimated	
	hours per week (describe				Il that apply)		ly)	compensation from the	compensation from related organizations	amount of other compensation	
	hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
JOHN B. CROWE						•				_	
CHAIRMAN	1.00	X		X	_	<u> </u>	_	0.	0.	0.	
TOMMY JOSEPH		l			ļ					_	
VICE CHAIRMAN	1.00	X	<u> </u>	Х		<u> </u>		0.	0.	0.	
MARK SUWYN		l								_	
VICE CHAIRMAN THRU 6/2010	1.00	X		X			L_	0.	0.	0.	
JOHN A. LUKE, JR.		l					ŀ				
TREASURER	1.00	X		X			_	0.	0.	0.	
JIM C. BOWEN	1 00				l						
DIRECTOR	1.00	Х			<u> </u>	ļ	ļ	0.	0.	0.	
ROGER BREAR	1 00			1			ŀ				
DIRECTOR	1.00	Х			├	┡	<u> </u>	0.	0.	0.	
TOM COLGROVE	1 00	ļ.,								_	
DIRECTOR MICHAEL COVEY	1.00	X		⊢	┢	 	├ —	0.	0.	0.	
DIRECTOR	1.00	x			1			0.	0.	0.	
LYLE FELLOWS	1.00	A	├	-	-	╁	\vdash		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
DIRECTOR	1.00	x				1		0.	0.	0.	
RICHARD W. FROST	1.00	<u> </u>		┝	├	╁		•	•	0.	
DIRECTOR	1.00	x	ŀ	1				0.	0.	0.	
DANIEL S. FULTON	1.00	1	\vdash	├	╁	╁╌	\vdash				
DIRECTOR	1.00	x	į .				Ī	0.	0.	0.	
JAMES HANNAN			t	\vdash	一	t	t	-			
DIRECTOR	1.00	$ \mathbf{x} $		ł				0.	0.	0.	
THOMAS J. HOWATT		T		┢	╁	╁					
DIRECTOR	1.00	x	ł				1	0.	0.	0.	
J. PATRICK MALEY, III				一	T	†	\vdash				
DIRECTOR	1.00	$ \mathbf{x} $			l			0.	0.	0.	
PATRICK J. MOORE		Τ					Г				
DIRECTOR	1.00	X					1	0.	0.	0.	
THOMAS STIGERS					T		Γ	"		Ī	
DIRECTOR	1.00	X	\perp					0.	0.	0.	
ROBERT STRENGE				Г							
DIRECTOR	1.00	X	L	L	1		1	0.	0.	0.	

Form 990 (2010)

IMPROVEMENT, INC.

Form 990 (2010) IMPROVEMI									13-1065	344 Page o
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours per	(check all that apply)			арр	ıly)	compensation	compensation	amount of	
	week	0r						from	from related	other
	(describe hours for	direct		Ī		٦		the	organizations	compensation
	related	ee or	stee	l		nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	nstitutional trustee		yee	ad mo		(44-27 1099-141130)		and related
	ın Schedule	ndual	tution	, 5	Key employee	last co	朣			organizations
	O)	Į.	frst	Officer	Key	Highest compensated employee	Former			
SCOTT WOCHOS										
DIRECTOR	1.00	X						0.	0.	0.
GEORGE H. GLATFELTER II										
DIRECTOR THRU 12/2010	1.00	X						0.	0.	0.
RONALD A. YESKE		1								
PRESIDENT	40.00			Х			<u> </u>	424,409.	0.	49,982.
ROBERT P. FISHER	1					l				
VP-BIOLOGICAL & CHEMICAL ASSESSMENT	40.00			L.,	X			201,034.	0.	23,182.
ASHOK K. JAIN										
REGIONAL MANAGER-SOUTHERN REGIONAL C	40.00	<u> </u>			Х	L	L	207,355.	0.	43,107.
ALAN A. LUCIER		1								
SENIOR VICE PRESIDENT	40.00				Х			297,755.	0.	47,707.
REID A. MINER									_	
VICE PRESIDENT-SUSTAINABLE MANUFACTU	40.00			L	Х		L	279,517.	0.	43,247.
JOHN E. PINKERTON		ļ								
VICE PRESIDENT-AIR QUALITY	40.00		L	L	X			276,189.	0.	43,247.
JAY P. UNWIN							ĺ			
NCASI FELLOW	40.00				Х	<u></u>		180,422.	0.	38,798.
1b Sub-total						\blacktriangleright		1,866,681.	0.	289,270.
c Total from continuation sheets to Part V	II, Section A					>		1,114,722.	0.	235,931.
d Total (add lines 1b and 1c)	-					▶		2,981,403.	0.	525,201.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 ın reportable	
compensation from the organization										14
										Yes No

3 X

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization
- and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RMSOURCE, INC. 1225 CRESENT GREEN DRIVE, CARY, NC 27518	I.T. CONSULTING & WEBSITE DEVELOPMENT	169,164.
THE HARTFORD PO BOX 2907, HARTFORD, CT 06104	BUSINESS LIABILITY INSURANCE	106,250.
	:	

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

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	···
(A) (B)				(C)				(D)	(E)	(F)
Name and title	Average					Reportable	Reportable	Estimated		
	hours	(check all that apply)				app	ly)	compensation	compensation	amount of
	per week		1			يو ا		from the	from related organizations	other compensation
	WOOK	ਬੁੰ				nptoy		organization	(W-2/1099-MISC)	from the
		ı dıre	_			ted en		(W-2/1099-MISC)	,,	organization
		stee	ruste		a	pensa	İ			and related
		ual tru	a a		ploye	E CO				organizations
		ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KIRSTEN M. VICE		<u> </u>	⊨	P	<u> </u>	╀	T.			
VICE PRESIDENT-CANADIAN OPERATIONS	40.00				X			226,307.	0.	0.
PAUL S. WIEGAND	10.00	-	-					220,307.		•
VICE PRESIDENT-WATER QUALITY	40.00		ļ		x			184,134.	0.	40,873.
T. BENTLY WIGLEY			_		-					
PROGRAM MANAGER	40.00	ŀ				x		147,075.	0.	33,035.
LAWRENCE E. LAFLEUR										<u> </u>
NCASI FELLOW	40.00					X		145,574.	0.	38,548
LARRY L. IRWIN										
PRINCIPLE RES. SCIENTIST, AS OF 7/1/	40.00			}		X		144,309.	0.	44,151
PAUL C. VAN DEUSEN										
PRINCIPAL RESEARCH SCIENTIST	40.00					Х		135,813.	0.	40,496
ARUN V. SOMESHWAR	40.00			l					_	
PRINCIPAL RESEARCH ENGINEER	40.00	<u> </u>		<u> </u>		X		131,510.	0.	38,828
			1	1			l			
			<u> </u>	┡		_	_			
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						1				
						_		-		
Total to Part VII, Section A, line 1c								1,114,722.	1	235,931

Form 990 (2010)

IMPROVEMENT, INC.

:	T VII	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts			ts, and	192,313.				
ontri and o	_	Noncash contributions included in lines			1,602,271.			[
"	<u>n</u>	Total. Add lines 1a-1f		Business Code	1,602,2/1.			,
e	2 a		3	900099	11969650.	11969650.	-	
e Š	b	CONFERENCES		900099	70,989.	70,989.		
n Si	С							
Program Service Revenue	d							
	e f	All other program service reve	en le					
		Total. Add lines 2a-2f	J. IGG		12040639.			
	3	Investment income (including	dıvıdends, ınter	est, and			· · · · · · · · · · · · · · · · · · ·	
		other similar amounts)		>	28,024.			28,024.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>				
	6 a	Gross Rents	(i) Real 36,978.	(II) Personal	{			
	b		5,955.		·			
	С		31,023.					
	d	Net rental income or (loss)			31,023.		43.	30,980.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
	_	assets other than inventory						
	b	Less: cost or other basis]					
	c	and sales expenses Gain or (loss)			1			
1		Net gain or (loss)		•	^ = =			
anne		Gross income from fundraisin including \$	• '					
Other Reve		contributions reported on line Part IV, line 18	1c) See					
		Less: direct expenses	b					
-		Net income or (loss) from fun-	-					
1	9 a	Gross income from gaming a			1			
ļ	1.	Part IV, line 19 Less direct expenses	a b		1			
		 Net income or (loss) from gan 		`L			~	
		Gross sales of inventory, less						
		and allowances	а	1				
	b	Less cost of goods sold	t			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>	_
ļ	C	Net income or (loss) from sale						
}	44	Miscellaneous Revenu	ie	Business Code 900099	16 206			16 206
ŀ	11 a	MISCELLANEOUS		900099	16,306. 1,674.	-		16,306. 1,674.
	0			700033	1,0/4.			1,0,4.
		All other revenue		-				<u> </u>
	e	Total. Add lines 11a-11d		•	17,980.			
	12	Total revenue. See instructions		<u> </u>	13719937.		43	
03200 12-21	.9 -10							Form 990 (2010)

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Form 990 (2010) IMPROVEMENT, Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must con			
	761		

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				•
	organizations in the U.S. See Part IV, line 21	1,001,451.			
2	Grants and other assistance to individuals in			}	
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S	Ì			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,653,484.			·-·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,569,302.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,259,356.		<u> </u>	
9	Other employee benefits	563,873.			
0	Payroll taxes	522,763.			
1	Fees for services (non-employees)				
а	Management				
b	Legal	39,635.			
С	Accounting	102,481.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	673,833.			
12	Advertising and promotion				
13	Office expenses	344,465.			
14	Information technology	59,432.			
15	Royalties				
16	Occupancy	446,356.			
17	Travel	547,591.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	211,151.			
20	Interest	1			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	199,566.	 -		
23	Insurance	173,040.	······································		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)	ļ			
	amount, list line 24f expenses on Schedule 0.)	1			
а	TECHNICAL AND SAFETY EQ	317,335.	• •		
b	BAD DEBT EXPENSE	62,039.			
c	DUES AND SUBSCRIPTIONS	53,197.			
d	RECRUITMENT	1,991.			
e	SUSPENSE	<5,253.	>		
f	All other expenses	3,712.			-
25	Total functional expenses. Add lines 1 through 24f	14,800,800.			
<u></u> 26	Joint costs. Check here Juf following SOP	==,000,000		+	
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

IMPROVEMENT, INC.

Pai	tΧ	Balance Sheet			·
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	194.	1	300.
	2	Savings and temporary cash investments	5,516,046.	2	5,102,562.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,662,183.	4	895,252.
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
G		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	172,405.	9	179,949.
	10a	Land, buildings, and equipment: cost or other			
	1	basis Complete Part VI of Schedule D Less accumulated depreciation 10a 2,344,891. 861,799.			
	b	Less accumulated depreciation 10b 861,799.	1,417,232. 539,798.	10c	1,483,092. 585,236.
	11	Investments - publicly traded securities	539,798.	11	585,236.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,907.	15	26,324.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,329,765.	16	8,272,715.
	17	Accounts payable and accrued expenses	6,428,270.	17	6,121,538.
	18	Grants payable	227 062	18	256 667
	19	Deferred revenue	337,263.	19	356,667.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
풀	22	Payables to current and former officers, directors, trustees, key employees,		ł	
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L	22 220	22	
	23	Secured mortgages and notes payable to unrelated third parties	33,239.	23	·
	24	Unsecured notes and loans payable to unrelated third parties	42 020	24	
	25	Other liabilities Complete Part X of Schedule D	42,028. 6,840,800.	25	0. 6,478,205.
	26	Total liabilities. Add lines 17 through 25	0,040,000.	26	0,470,203.
/ 0		Organizations that follow SFAS 117, check here X and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34.	1,448,454.		569,397.
ian	27	Unrestricted net assets	1,040,511.	27 28	1,225,113.
Ba	28	Temporarily restricted net assets	1,040,311.	_	1,223,113.
Pun	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
S	20	complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se	32	Retained earnings, endowment, accumulated income, or other funds	2,488,965.	33	1,794,510.
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	9,329,765.		8,272,715.
	1 044	Total liabilities and het assets/fund balaffees	7,525,105.	34	Form 990 (2010)

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits,

separate basis, consolidated basis, or both:

Act and OMB Circular A-133?

13-1085344 Form 990 (2010) IMPROVEMENT, INC. Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 13,719,937. Total revenue (must equal Part VIII, column (A), line 12) 1 14,800,800. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <1,080,863.> Revenue less expenses. Subtract line 2 from line 1 3 2,488,965. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 386,408. Other changes in net assets or fund balances (explain in Schedule O) 5 1,794,510. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990. Cash X Accrual 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 b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c なが If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Form 990 (2010)

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010
Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	tions Complete Part III	, , ,, , , , , , , , , , , , , , , , , ,	, ,	• · · · · • · · · · · · · · · · · · · ·
	ne of organization NATIONA	L COUNCIL FOR AI	R AND STREAM	M Em	ployer identification number
		MENT, INC.			13-1085344
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities i		*\$
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	·		· · · · · · · · · · · · · · · · · · ·	· \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5	- \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?	·	•		Yes No
ŀ	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 50	01(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt func	tion activities	• \$
	Enter the amount of the filing organ		•		
	exempt function activities		-	•	• \$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL	••	
	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and er	•	N) of all section 527 pc	olitical organizations to w	hich the filing organization
	made payments For each organiza	•		-	
	contributions received that were pr	omptly and directly delivered to	a separate political org	ganization, such as a sep	arate segregated fund or a
	political action committee (PAC). If	addıtıonal space ıs needed, prov	ride information in Part	: IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter	contributions received and
			 	-	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	<u> </u>				
		I			

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

Schedule C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010	IMPROVEMEN	T, INC.	_	13-1	085344 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
A Check ► If the filing organizat	tion belongs to an aff	iliated group.	<u> </u>		
B Check ▶ ☐ if the filing organizat	tion checked box A a	nd "limited control" pro	ovisions apply		
	s on Lobbying Expe litures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grass roots lobbying)		 -	
b Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)		· W	
c Total lobbying expenditures (add Iii	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditures	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount Ente	er the amount from th	e following table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000),000 \$100,00	00 plus 15% of the exc	ess over \$500,000		!
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
	····				
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c If zero	•				<u> </u>
j If there is an amount other than zei		line 1i, did the organiz	ation file Form 4720	ı	 11
reporting section 4911 tax for this				<u> </u>	Yes No
	ations that made a s	eraging Period Under section 501(h) electione instructions for line	n do not have to com		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))		ļ			<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 IMPROVEMENT, INC. 13-1085344 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(:	a)	(i	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	<u> </u>			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				'
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			1	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or s	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	ļ	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect	·	3	4"	X
rai	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are a				
	"Yes."	art III-A, I	1116 0 13 6	iiiswei et	4
1	Dues, assessments and similar amounts from members		T-	111 96	9,650.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical		11,50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	expenses for which the section 527(f) tax was paid).	licai			
а	Current year		- 2a		0.
	Carryover from last year		2b	1	0.
c	Total		2c	+	0.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		0.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	V0000		 	
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	-;-	-	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0.
	t IV Supplemental Information		<u></u>	<u> </u>	
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5,	and Dort II D	line 1. Ale	a complet	o this part
	ny additional information.	anu Pan II-b	, line n. As	so, complet	e iriis pari
ioi ai	iy additional information.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT, INC.

Employer identification number 13-1085344

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	1.00	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	reaction devices, or for any other purpose	Yes No
Pàr	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	
	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		This includes a state of the st
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		in or a consorvation casement on the last
	,,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	. ,	
	listed in the National Register	and of the one of a motorio of a	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	-
	year >		no organization daring the last
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	+ · · · · · · · · · · · · · · · · · · ·	f
	violations, and enforcement of the conservation easements i		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		<u>.</u>
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	▶ \$
b	Assets included in Form 990, Part X		S

*		MENT, INC.							344 F	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, o	r Othe	er Similar A	ssets (d	ontinue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a s	ignificant use o	f its colle	ction iter	ms
	(check all that apply):									
а	Public exhibition	d	ı 🗆 L	oan or excl	hange progra	ms				
b	Scholarly research	е	. 🗆 o	ther						
С	Preservation for future generations					•				
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	n's exe	mpt purpose in	Part XIV		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Ye	es 🗆	□No
Par	t IV Escrow and Custodial Arran					Yes" to	Form 990, Par	t IV, line 9	 Э, or	
	reported an amount on Form 990, Pa			Ü			·	•	•	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other as:	sets not	ıncluded			
	on Form 990, Part X?		•						s [□No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ıble						
		·	3					Am	ount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?					Y6	s	No
	If "Yes," explain the arrangement in Part XIV	,,								
Par	t V Endowment Funds. Complete	f the organization ar	nswered "	Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	T	or year	(c) Two year		(d) Three years I	back (e)	Four year	s back
1a	Beginning of year balance				, -, <u>-</u>					
b	Contributions				<u> </u>	i				
	Net investment earnings, gains, and losses			-		i	-		-	 ;
	Grants or scholarships								-	ł
	Other expenditures for facilities				1				•	
	and programs					j	•			;
f	Administrative expenses									
g	End of year balance				t		······			-,
2	Provide the estimated percentage of the year	r end balance held a	as:		<u> </u>					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%	—							
		<u></u> ,								
	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ind administe	red for t	he organizatioi	า		
	by.						g.		Yes	s No
	(i) unrelated organizations							Га	Ba(i)	
	(ii) related organizations								a(ii)	
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedi	ule R?					3b	
4	Describe in Part XIV the intended uses of the							L		
Pa	rt VI Land, Buildings, and Equipn									
تننيه	Description of investment	(a) Cost or o			or other	(c) A	ccumulated	(d)	Book va	lue
	,	basis (investi			(other)		preciation	`"		
1a	Land	· · · · · · · · · · · · · · · · · · ·			0,471.	-	~	 	220,	471.
	Buildings				5,776.		194,480		791,	
	Leasehold improvements				2,312.		63,062			250.
	Equipment				6,332.		604,257		462,	
	Other				,		, , <u> </u>	†		
	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Pan	t X. colum	n (B). line :	10(c))			11.	483,	092.

(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the or
2. FIN 48 (ASC 740) ancial statements that reports the organization's liability for uncertain tax positions under

	MEMENT, INC.	_		13-1085344 Page 4
Part XIX Reconciliation of Change	in Net Assets from Form 990 to	Audited F	inancial State	ements
1 Total revenue (Form 990, Part VIII, colum	n (A), line 12)		1	13,719,937.
2 Total expenses (Form 990, Part IX, colum	n (A), line 25)		2	14,800,800.
3 Excess or (deficit) for the year. Subtract Ii	ne 2 from line 1		3	<1,080,863.>
4 Net unrealized gains (losses) on investme	ents		4	713.
5 Donated services and use of facilities			5	
6 Investment expenses			6	
7 Prior period adjustments			7	
8 Other (Describe in Part XIV.)			8	385,695.
9 Total adjustments (net). Add lines 4 throu	igh 8		9	386,408.
10 Excess or (deficit) for the year per audited	financial statements Combine lines 3 ar	nd 9	10	<694,455.>
Part XII Reconciliation of Revenue	e per Audited Financial Stateme	ents With F	Revenue per P	
 Total revenue, gains, and other support p 	per audited financial statements			1 13,768,013.
2 Amounts included on line 1 but not on Fo	orm 990, Part VIII, line 12			Service Control
a Net unrealized gains on investments		2a	713.	
b Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c) = 12/m
d Other (Describe in Part XIV.)		2d	41,408.	
e Add lines 2a through 2d				2e 42,121.
3 Subtract line 2e from line 1				з 13,725,892.
4 Amounts included on Form 990, Part VIII	, line 12, but not on line 1 :			
a Investment expenses not included on Fo	rm 990, Part VIII, line 7b	4a] }
b Other (Describe in Part XIV.)		4b	<5,955.	}
c Add lines 4a and 4b				4c <5,955.>
5 Total revenue Add lines 3 and 4c. (This r	nust equal Form 990, Part I, line 12)			5 13,719,937.
Part XIII Reconciliation of Expense	es per Audited Financial Staten	nents With	Expenses per	
Total expenses and losses per audited file	nancial statements			1 14,806,755.
2 Amounts included on line 1 but not on Fo	orm 990, Part IX, line 25			2/4
a Donated services and use of facilities		2a		
b Prior year adjustments		2b		1 (
c Other losses		2c		1 1
d Other (Describe in Part XIV)		2d	5,955.	7
e Add lines 2a through 2d				2e 5,955.
3 Subtract line 2e from line 1				3 14,800,800.
4 Amounts included on Form 990, Part IX,	line 25, but not on line 1 [.]			***
a Investment expenses not included on Fo	rm 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)		4b		7
c Add lines 4a and 4b] 4c 0.
5 Total expenses Add lines 3 and 4c. (This	must equal Form 990, Part I, line 18)			5 14,800,800.
Part XIV Supplemental Information	1			
Complete this part to provide the descriptions	required for Part II, lines 3, 5, and 9; Part	III, lines 1a and	d 4; Part IV, lines	1b and 2b, Part V, line 4; Part
X, line 2; Part XI, line 8, Part XII, lines 2d and 4l				
PART X, LINE 2: THE COU				
MANAGEMENT DOES NOT BEL	IEVE THERE ARE ANY SI	GNIFICA	NT INCOME	XAT E
UNCERTAINTIES.				
PART XI, LINE 8 - OTHER	ADJUSTMENTS:			
UNREALIZED GAIN ON CURR	ENCY EXCHANGE	<u>-,</u>		41,408.
UNRECOGNIZED NET PERIOD	IC PENSION BENEFIT/CO	OST		344,287.
TOTAL TO SCHEDULE D, PA	RT XI, LINE 8			385,695.
				Schedule D (Form 990) 2010

NATIONAL COUNCIL FOR AIR AND STREAM 13-1085344 Page 5 IMPROVEMENT, INC. Schedule D (Form 990) 2010 Part XIV Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: UNREALIZED GAIN ON CURRENCY EXCHANGE 41,408. PART XII, LINE 4B - OTHER ADJUSTMENTS: RENTAL PROPERTY EXPENSES -5,955. PART XIII, LINE 2D - OTHER ADJUSTMENTS: RENTAL PROPERTY EXPENSES 5,955.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL COUNCIL FOR AIR AND STREAM

IMPROVEMENT, INC.

Employer identification number

13-1085344

Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	'es"
to Form 990, Part	t IV, line 14b.		·		
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of the g	rants or assistance, the	
grantees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes 🔲 No
2 For grantmakers. Desc	ribe in Part V the	organization's j	procedures for monitoring the use of g	rant funds outside the United State	es
3 Activities per Region (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed)	
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	ın the region	Independent	services, investments, grants to	describe specific type	investments
		contractors in region	recipients located in the region)	of service(s) in region	ın region
					_
	'			WORLD WATER WEEK	
EUROPE	0	0	PROGRAM SERVICES	CONFERENCE.	1,119.
				CARIBOU NUTRITION STUDY,	
				NCASI CANADA ANNUAL	
				MEETING FOR MEMBERS,	
NORTH AMERICA	1	4	PROGRAM SERVICES	CANADIAN STEERING	874,967.
		1		FAO/ICFPA MEETING, FICAT	
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPORT TRAINING	1,558.
	-				
		i .			
				PRESENTATION TO IUFRO	
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	CONGRESS	1,109.
		1		1	
				ł	
			i		
		1			
		1		1	
				1	1
		1			
	•	1	1		
	1				
					<u> </u>
3 a Sub-total	1	4			878,753.
b Total from continuation	}		1		
sheets to Part I	<u></u>	0			0.
c Totals (add lines 3a			1		
and 3b)	1	4		<u> </u>	878,753.

Page 2

13-1085344

IMPROVEMENT, INC.

Schedule F (Form 990) 2010

(i) Method of ' valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant cash disbursement (f) Manner of (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant Part II can be duplicated if additional space is needed. (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization Part II N က

Schedule F (Form 990) 2010

NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT, INC.

Page 3

13-1085344

Schedule F (Form 990) 2010 IMPROVEMENT, INC.

Schedule F (Form 990) 2010

L3-L085344

Parfill ** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)		:				Schedule F (Form 990) 2010
(g) Description of non-cash assistance						Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of (d) Amount of recipients cash grant						
(b) Region						
(a) Type of grant or assistance						

	ule F (Form 990) 2010 IMPROVEMENT, INC.	<u> 13-1085344</u>	Page 4
Bart	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

13-1085344 IMPROVEMENT, INC. Schedule F (Form 990) 2010 Page 5 Part V: Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information PART I, LINE 3, COLUMN (E): REGION: NORTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: CARIBOU NUTRITION STUDY, NCASI CANADA ANNUAL MEETING FOR MEMBERS, CANADIAN STEERING COMMITTEE MEETING SCHEDULE F, PART I, LINE 3: NCASI-CANADA, A REGIONAL OFFICE IN CANADA, REQUIRES SEPARATE ACCOUNTING OF REVENUES AND EXPENDITURES BECAUSE OF CURRENCY IMPLICATIONS AND DIFFERENT REGULATIONS AND STATUTES IN THE COUNTRY. THE FINANCES FOR THIS OPERATION ARE INCORPORATED INTO THE TOTAL AUDITED FINANCIAL STATEMENTS FOR THE ORGANIZATION AT THE END OF THE FISCAL YEAR.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047	2010

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

Name of the organization NATIONAL	COUNCIL F	NATIONAL COUNCIL FOR AIR AND STREAM	STREAM				Employer identification number
	NT, INC.						13-1085344
Leneral Information on Grants and Assistance	no Assistance	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	od+ conception ac	the division in the	for the effects of the	at the grante or annipulation to attend to the for the grante or annipulation the coloration	C.
	stance?	מיווסקור סו הוס קומונט	ם מספוסומונים, ייום			ממיסכי, מיסכ סכוסכ	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	runds in the United	States.	Vª Loromond double	40 000 mod of "oo	W 100 21 for 200
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered Tes To Form 350.0 Part IV, little 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	Governments and 55,000 Check this	d Organizations in the s box if no one recipien	t received more th	omplete ir the orga an \$5,000. Part II	nization answered if a can be duplicated if a	es to rorni seu, ran idditional space is nee	rv, iirle z I, ior any ided
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AECOM 1178 PAYSPHERE CIRCLE CHICAGO IL 60674	95-2661922		65,750.	.0			SUPPORT OF FICAT SOFTWARE
1							REMOTE IDENTIFICATION &
CLEMSON UNIVERSITY							VERIFICATION OF EPHEMERAL
BOX 345307							ISOLATED WETLANDS OF THE
CLEMSON, SC 29634	57-6000254	501(C)(3)	20,000.	0			ATLANTIC & GULF COASTAL
ECOSYSTEM MGMT RES INST P.O. BOX 717 GPELEY LAKE MT 59868	82-0520577	501(C)(3)	4. 80 80 70	o			COMPENDIUM OF REG CONSERV PLANNING
12							
IUP RESEARCH INSTITUTE 1179 GRANT ST. , SUITE 1				•			Adding to receive the results
INDIANA, PA 15701	52-1384139	501(C)(3)	17,240.	0			CERULEAN WARBLER SIUDI
							RESEARCH ON EFFECTS OF
LOUISIANA STATE UNIVERSITY				,			TIMBER HARVESTING
OFFICE OF ACCOUNTING SERVICES							ACTIVITIES ON DISSOLVED
BATON ROUGE, LA 70803	72-6000848	501(C)(3)	81,000.	0.			OXYGEN, SWITCHGRASS
	;						BIODIVERSITY RESPONSE
MISSISSIPPI STATE UNIVERSITY							STUDY, STRUCTURAL
BOX 9690							RETENTION IN SOUTHERN
MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	106,653.	0			PINE FORESTS
							13

Enter total number of section 501(c)(3) and government organizations 0

3 Enter total number of other organizations.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

Page 1

Schedule I (Form 990) CANDSCAPE ECOL. FISHER IN ALSEA WATERSHED HYDROLOGY NORTHERN ROCKY MOUNTAINS STUDY, WESTERN WILDLIFE CARIBOU NUTRITION STUDY JGA BIOMASS HARVESTING CERULEAN WARBLER STUDY CERULEAN WARBLER STUDY (h) Purpose of grant or assistance MIODIVERSITY PROJECT, WORTHERN CALIFORNIA APEX MODEL PROJECT PISHER RESEARCH IN HEADWATER RESEARCH 13-1085344 SOIL STUDY ORY CREEK TUITIONS (g) Description of non-cash assistance Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation 。 ö ٥. . 0 ö Ö . ö (e) Amount of non-cash assistance (d) Amount of cash grant 000 133,772 122,667 15,000 23,400 44,468 10,000 76,737 1,820, 10, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 115(A) 115(A) 31-1745612 31-6401599 75-6001870 59-6002052 48-1278540 53-0242652 58-1353149 56-6000756 20-3584816 IMPROVEMENT, INC. (b) EIN PO BOX 11011 RESEARCH TRIANGLE PARK, NC 27709 NORTH CAROLINA STATE UNIVERSITY TIAER TARLETON STATE UNIVERSITY OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD. -UGA RESEARCH FOUNDATION, INC. (a) Name and address of organization or government OREGON STATE UNIVERSITY G018 MCCARTY HALL - D, 530 SOUTH ASBURY STE 4 STEPHENVILLE, TX 76402 FL 32611 TX 78295 475 NORTH LUMPKIN ST. UNIVERSITY OF FLORIDA COLUMBUS, OH 43210 CORVALIS, OR 97339 NATURE CONSERVANCY NC 27695 Schedule I (Form 990) ATHENS, GA 30602 MAIL STOP T-0410 NCASI FOUNDATION MOSCOW, ID 83843 GAINESVILLE, PO BOX 13318 SAN ANTONIO, PO BOX 1086 PO BOX 1440 RALEIGH, POTLATCH BOX 7214

FOR

IMPROVEMENT, INC.

Page 1 Schedule I (Form 990) CHARGES, RENT, SOFTWARE CERULEAN WARBLER STUDY, CERULEAN WARBLER STUDY RODUCTIVITY - DOUGLAS CERULEAN WARBLER STUDY RESPONSES TO RESIDUAL (h) Purpose of grant or assistance COOPERATIVE, SALMON IR STUDY, WILDLIFE HABITAT STUDY, USFS OSTAGE, TELEPHONE IEADWATER RESEARCH WORK STUDY STUDENT CONG-TERM SOIL 13-1085344 (g) Description of non-cash assistance Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) °. Ö ö ó 0 (e) Amount of assistance (d) Amount of cash grant 75,946, 23,999 86,424 52,438 29, 252, (c) IRC section if applicable 170(C)(1) 501(C)(3) 115(A) 115(A) 62-6001636 91-6001537 55-0665758 38-6007327 72-0564834 (p) EIN WEST VIRGINIA UNIVERSITY RESEARCH CORP' - PO BOX 6062 - MORGANTOWN, (a) Name and address of organization or government WESTERN MICHIGAN UNIVERSITY 1903 WEST MICHIGAN AVENUE UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE UNIVERSITY OF TENNESSEE LOS ANGELES, CA 90030 MORGAN HALL ROOM 103 KNOXVILLE, TN 37996 KALAMAZOO, MI 49008 USDA FOREST SERVICE CHICAGO, IL 60693 PO BOX 301550 WV 26506 ¥

Page 2

13-1085344

IMPROVEMENT, INC

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

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) BUDGET AND DELIVERABLES. FOR LONGER-TERM PROJECTS, WE ALSO REQUIRE PERIODIC SCHEDULE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Q SCHEDULE I, PART I, LINE 2: WE REQUIRE THAT GRANT RECIPIENTS PREPARED DELIVERABLES. CONTINUATION OF FUNDING IS CONTINGENT ON DEMONSTRATION PROGRESS REPORTS TO DEMONSTRATE THAT PROJECT IS PROCEEDLING TOWARD TECHNICAL PROPOSALS AND SIGN AGREEMENTS DESCRIBING PROJECT SCOPE, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PROGRESS Part IV

COLUMN (H): LINE PART II,

NATIONAL COUNCIL FOR AIR AND STREAM Schedule I (Form 990) 2010 IMPROVEMENT, INC. 13-1085344 Page 2 Part IV Supplemental Information (H) PURPOSE OF GRANT OR ASSISTANCE: REMOTE IDENTIFICATION & VERIFICATION OF EPHEMERAL ISOLATED WETLANDS OF THE ATLANTIC & GULF COASTAL PLAINS NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA STATE UNIVERSITY (H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH ON EFFECTS OF TIMBER HARVESTING ACTIVITIES ON DISSOLVED OXYGEN, SWITCHGRASS PRODUCTION FOR BIOFUEL IN LOBLOLLY PINE AGROFORESTS NAME OF ORGANIZATION OR GOVERNMENT: OREGON STATE UNIVERSITY (H) PURPOSE OF GRANT OR ASSISTANCE: ALSEA WATERSHED HYDROLOGY STUDY, WESTERN WILDLIFE BIODIVERSITY PROJECT, HEADWATER RESEARCH COOPERATIVE NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON (H) PURPOSE OF GRANT OR ASSISTANCE: LONG-TERM SOIL PRODUCTIVITY -DOUGLAS FIR STUDY, WILDLIFE RESPONSES TO RESIDUAL TREE RETENTION NAME OF ORGANIZATION OR GOVERNMENT: USDA FOREST SERVICE (H) PURPOSE OF GRANT OR ASSISTANCE: CERULEAN WARBLER STUDY, HEADWATER RESEARCH COOPERATIVE, SALMON HABITAT STUDY, USFS NITROGEN FATE MODELING PROJECT.

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions. NATIONAL COUNCIL FOR AIR AND STREAM

IMPROVEMENT,

13-1085344

Employer identification number

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or $\bar{\mathbf{x}}$ reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Ñ a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2010

13-1085344

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

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

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

		(B) Breakdown of W	C)	and/or 1099-MISC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	<u></u>	396,977.	27,432.	0	32,500.	17,482.	474,391.	0
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;	1	195,342.	12,013.	0	32,500.	10,607.	250,462.	0
3 ASHOK K. JAIN	: E			0				0
	ε	266,905.	30,850.	0	32,500.	15,207.	345,462.	0
4 ALAN A. LUCIER		253 632	25.885.	0	32.500.	10.747.	322,764.	0
s REID A. MINER	€ €	∽ I	2	0	0		0	0
	ε	253,056.	23,133.	0	32,500.	10,747.	319,436.	0
6 JOHN E. PINKERTON	(ii)	1 1				1 1		0
	(i)	170,610.	6,842.	2,970.	32,500.	6,298.	219,220.	0
7 JAY P. UNWIN	(ii)		0.		0	0	ľ	0.
	Ξ	. 206,758.	0	19,549.	0	0	226,307.	0
8 KIRSTEN M. VICE	(ii)			0	ļ			0
	(i)	180,563.	3,571.	0	25,831.	15,042.	225,007.	0
9 PAUL S. WIEGAND	Ξ	0	0	0		- 1		0
	(i)	147,075.	0	0	26,980.	6,055.	180,110.	0
10 T. BENTLY WIGLEY	E		0	0	0 000	0 10	107	
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13 PAUL C. VAN DEUSEN	(ii)	1	0	0]	[ľ	0
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14 ARUN V. SOMESHWAR	⊞	0	0	0	0	0	0	0
	<u> </u>							
15	≣							
	Ξ							
16								
							Scheduic	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. CONNECTION WITH THEIR 401(K) LUMP SUM CONTRIBUTIONS IF THE CONTRIBUTION PART I, LINE 1A: TAX GROSS-UP PAYMENTS WERE RECEIVED BY INDIVIDUALS IN RONALD YESKE PARTICIPATED IN A SERP RETIREMENT FUND WITH THE FOLLOWING PAID WAS IN-EXCESS TO THE ANNUAL CONTRIBUTION LIMIT. \$44,725 \$ 4,670 Schedule J (Form 990) 2010

Partilli Supplemental Information PART I, LINE 4B: LIFE INSURANCE INVESTMENTS BALANCES:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2010 Open to Public

Name of the organization

NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT, INC.

Employer identification number 13-1085344

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OXIDATION SYSTEMS AT POST-MACT KRAFT PULP MILLS (TB 976, APRIL 2010);
OVERVIEW OF CANADIAN AMBIENT AIR MONITORING PROGRAMS (SR 10-01, JUNE
2010); AN UPDATE ON THE BURNING OF ALTERNATE FUELS IN THE FOREST
PRODUCTS INDUSTRY: PART I - PETCOKE AND TIRE-DERIVED FUEL (TB 978, JULY
2010); SUMMARY OF 2006 INVENTORY UPDATE RULE SUBMISSIONS BY U. S. PULP
AND PAPER MILLS (TB 979, AUGUST 2010).
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
REPORTING RULE PUBLISHED - NCASI WEBCAST SCHEDULED FOR AUGUST 4
(CORPORATE CORRESPONDENT MEMORANDUM NO. 10-022, JULY 2010); EPA - PSD
AND TITLE V PERMITTING GUIDANCE FOR GREENHOUSE GASES RELEASED
(CORPORATE CORRESPONDENT MEMORANDUM NO. 10-037, NOVEMBER 2010);
TECHNICAL ERROR IN MANDATORY GHG REPORTING RULE SUBPART II (INDUSTRIAL
WASTEWATER TREATMENT) (CORPORATE CORRESPONDENT MEMORANDUM NO. 10-043,
DECEMBER 2010); A REVIEW OF COLOR, COLOR MEASUREMENT, AND COLOR
FORMATION IN PULP AND PAPER MILL SEWERS AND WASTEWATER TREATMENT PLANTS
(TB 981, MARCH 2011).
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ENVIRONMENTAL NEWS FOR RECYCLERS (VOL. 11, NO. 3; SEPTEMBER 2010);
ENVIRONMENTAL NEWS FOR RECYCLERS (VOL. 11, NO. 4; DECEMBER 2010);
ENVIRONMENTAL NEWS FOR RECYCLERS (VOL. 12, NO. 1; MARCH 2011).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WESTERN WILDLIFE, EASTERN WILDLIFE, NORTHWEST AQUATIC BIOLOGY,

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization NATIONAL COUNCIL FOR AIR AND STREAM **Employer identification number** IMPROVEMENT, INC. 13-1085344 SUSTAINABLE FORESTRY, SOUTHERN AQUATIC BIOLOGY, STATISTICS AND MODEL DEVELOPMENT GROUP, AND FOREST WATERSHED. FORM 990, PART VI, SECTION A, LINE 6: NCASI HAS TWO CLASSES OF MEMBERSHIP WITH VOTING PRIVILEDGES. REGULAR MEMBERSHIP APPLIES TO MEMBER COMPANIES WITH CERTAIN MANUFACTURING OPERATIONS OR INDUSTRIAL TIMBERLANDS IN THE UNITED STATES. CANADIAN MEMBERSHIP APPLIES TO MEMBER COMPANIES WITH MANUFACTURING OPERATIONS OR TIMBERLANDS IN CANADA. FORM 990, PART VI, SECTION A, LINE 7A: ACCORDING TO THE ORGANIZATION BY-LAWS, REGULAR AND CANADIAN MEMBERSHIP PROVIDES FOR THE RIGHT TO ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD HAS ELECTED TO DELEGATE REVIEW OF THE TAX FILINGS TO THE AUDIT SUBCOMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT IS REQUIRED UNDER THE CONFLICT OF INTEREST POLICY TO MONITOR COMPLIANCE WITH THAT POLICY AND IDENTIFY POTENTIAL VIOLATIONS TO THE GOVERNING BOARD ON A TIMELY BASIS. FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, AT THE DIRECTION OF THE EXECUTIVE COMMITTEE OF THE BOARD, THE PRESIDENT COMPILES A COMPENSATION REPORT THAT DOCUMENTS: (I) THE RESULTS OF PUBLISHED SURVEYS OF COMPENSATION OF INDIVIDUALS IN SELECTED POSITIONS OF RESPONSIBILITY IN COMPARABLE NON-PROFIT ORGANIZATIONS, AND (II) THE EXECUTIVE AND KEY EMPLOYEE

THE EXECUTIVE COMMITTEE, TOGETHER WITH ANY REQUESTED REFERENCES CITED IN

01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

RELEATED, NON-PROFIT ORGANIZATIONS. THIS COMPENSATION REPORT IS PROVIDED TO

COMPENSATION REPORTED IN THE FORM 990 REPORTS OF OTHER, SIMILAR OR

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization NATIONAL COUNCIL FOR AIR AND STREAM **Employer identification number** IMPROVEMENT, INC. 13-1085344 THE REPORT, PRIOR TO THE ANNUAL COMPENSATION SETTING PROCESS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD. IN ADDITION, A SALARY SURVEY IS CONDUCTED OF A SELECT NUMBER OF OUR MEMBER COMPANIES TO DETERMINE THE ANNUAL AVERAGE SALARY INCREASE BUDGETED OR PROJECTED FOR THE COMING YEAR. THIS DATA IS USED TO DETERMINE THE OVERALL SALARY INCREASE AMOUNT TO BE PRESENTED TO AND APPROVED BY THE BOARD, IF ANY. INDIVIDUAL SALARY INCREASES ARE DETERMINED BASED ON PRE-ESTABLISHED GOALS AND PERFORMANCE EXPECTATIONS OUTLINED IN INDIVIDUAL JOB DESCRIPTIONS. THE PRESIDENT'S COMPENSATION WAS LAST REVIEWED IN NOVEMBER 2011. FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND RECORDS RETENTION POLICY OF THE GOVERNING BOARD ARE PUBLISHED ON THE PUBLIC SECTOR OF NCASI WEBSITE. THESE POLICIES AND OTHER GOVERNING DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST. NCASI'S AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE MEMBERSHIP UPON REQUEST, BUT ARE NOT AVAILABLE TO THE GENERAL PUBLIC. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: RONALD A. YESKE - 402 SW 140TH TERRACE, NEWBERRY, FL 32669 FORM 990, PART VII HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS: RONALD YESKE - 1 HR/WEEK NCASI FOUNDATION FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 713.

UNREALIZED GAIN ON CURRENCY EXCHANGE

UNRECOGNIZED NET PERIODIC PENSION BENEFIT/COST

41,408.

344,287.

Schedule	O (For	n 990 or 9	90-EZ) (20	010)										Page 2
Name of the	ne orga	anization		ONAL (OR AIR	AND	STREA	M	E	mployer ide 13-10	entification 85344	number
TOTAL	то	FORM	990,	PART	XI,	LINE	5			·			386,	408.
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

Part It I dentification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

NATIONAL COUNCIL FOR AIR AND STREAM

IMPROVEMENT, INC.

2010 - ACCOPENTATION OF ACCOPENTATION OF ACCOPENTATION OF ACCOPENTATION OF ACCORDANCE AC
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Employer identification number 13-1085344

Direct controlling entity End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity

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

(a)	(q)	(0)	(p)	(e)	(1)	(g)	2/hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	controlled	led (C) YG)
of related organization		foreign country)	section	status (if section	entity	entity?	
		•		501(c)(3))		Yes	N _o
NCASI FOUNDATION - 31-1745612	TO CARRY OUT THE						
PO BOX 13318	CHARITABLE PURPOSE OF						;
RESEARCH TRIANGLE PARK, NC 27709	NCASI.	DELAWARE	501(C)(3)	LINE 11B, II NCASI	NCASI		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

IMPROVEMENT, INC.

13-1085344

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

13-1085344

(d) (d) (e) (d) Preforminant income activity Legal Controlling control income assets (e) (d) (e) (f) (f) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Homary activity Legal domicile of controlling (C corp., S corp., assets (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h			
(a) Name, address, and EIN of related organization					

NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT, INC.

Schedule R (Form 990) 2010 IMPROVEMENT, INC.

orm 990, Part IV, line 34, 35, 35a, or 36.)	
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res" to	
sactions With Related Organizations (Complete if the organization answered "\	
Tran	
art V	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-1V?	,
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				Td X
e Loans or loan guarantees by other organization(s)				1e X
f Sale of assets to other organization(s)				1f X
g Purchase of assets from other organization(s)				
h Exchange of assets				
i Lease of facilities, equipment, or other assets to other organization(s)				×
j Lease of facilities, equipment, or other assets from other organization(s)				1j X
k Performance of services or membership or fundraising solicitations for other organization(s)	zation(s)			+
I Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			+
m Sharing of facilities, equipment, mailing lists, or other assets				1m \
n Sharing of paid employees				d d
 Reimbursement paid to other organization for expenses 				10 X
				Tp X
				×
 q unner transfer of cash of property to other organization(s) r Other transfer of cash or property from other organization(s) 				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete the	nis line, including covered	relationships and transaction thresholds.	
į .	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(2)				
(6)				
(4)				
(5)				
(9)				
032163 12-21-10			Schedule	Schedule R (Form 990) 2010

13-1085344

NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT, INC.

Schedule R (Form 990) 2010

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partities lips.	iusion for certain investiment partifier				1		
(a)	(q)		0			(6)	
Name, address, and EIN	Primary activity		Are all partners	S		Code V-UBI	
of entity		_	organizations?	year assets	allocations?	amount in box 20	partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
			_				
							
				•			
		:					
						Schedule R (Form 990) 2010	n 990) 2010