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990 m

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A	For t	ne 201	3 calendar year, or tax year beginning , 2013, and endin				, 20	
ъ.			C Name of organization	D Employer identification number				
5	CADER II (bbgcapts.	ENVIRONMENT FOR THE AMERICAS					
Г	Adda char		Doing Business As	20-5844470				
Г	7	e change	Number and street (or P.O box if mail is not delivered to street address) Room/suits		E Telephone n	umber		
	ار اندما	d return	2840 ILIFF STREET		970-	393-	1183	
	Tare	tineted	City or town, state or province, country, and ZIP or foreign postal code	f				
\vdash	Ame	nded	BOULDER, CO 80305	G Gross receip	ts \$	318.9	33.00	
-	Appl Appl	ication	F Name and address of pracipal officer		H(a) is this a grou			
_		ing.	SUSAN BONFIELD 2840 ILIFF ST BOULDER, CO 80305	- 1	subordinates	7	⊢⊢	—
_	Taya				H(b) Are all sebord		ee iustinchous)	
!		cempt st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				
<u>. </u>		ite: 🕨	WWW.BIRDDAY.ORG		H(c) Group examp			
_				formatk	on 2005 M	State of	edal qowict	a. CO
Ľ,	art I		nmary					
	1	Briefly	describe the organization's mission or most significant activities. BIRD CONSERV	OITA	Й ¥ЙD ĒD	UCAT	ON	
8			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
결								
Governance	2	Check	this box 🕨 🔃 If the organization discontinued its operations or disposed of more that	ın 25% (of its net assets	3 .		
Ğ	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		5
**	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4_		0
휼	6	Total r	number of individuals employed in calendar year 2013 (Part V, line 2a)			5		5
Activities &	6		number of volunteers (estimate if necessary)			6		
ĕ	7a	Total (involated hyginges revenue from Part VIII. selums (C), lies 40			7a		0.00
	Ь	Net un	related business taxable income from Form 990-1, line 34			7b		
			irelated business texable income from Form 990-T, line 34		Prior Year	-	Current	Year
•	В	Contri	hutions and grants (Part VIII line 1h)	 	187,370.	00	288,2	46.00
Revenue	9	Progra	im service revenue (Part VIII, line 2g)	<u> </u>	6,537.			0.00
ě	10	•	ment Income (Part VIII, column (A), lines 3, 4 (and 7d)		0/3511	-		0.00
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,661.	00	30 6	87.00
	12		evenue - add lines 8 through 11 (must equal Part VIII) (o) (m) (4) line (2)		208,568.		318,9	
			and similar amounts paid (Part IX, column (A), lines 1-3)		200,300.	-		00.00
	14	Benefi	Is paid to or for members (Part IX, column (A), line 4)				1,0	0.00
	15	Salaria	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		126 402	00	120 4	
Expenses	180	Drofes	planel fundamining form (Part IV, only on A) line 44a)		136,483.	~~	129,4	0.00
ž			sional fundraising fees (Part IX, column (A), line 11e)					0.00
Ä			undraising expenses (Part IX, column (D), line 25) ▶				161 2	41 00
	18	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		119,653.		164,3	
	40	LOIRI A	xpenses. Add Ilnes 13-17 (must equal Part IX, column (A), line 25)		256,136.	_	295,6	
도별	19	Keven	ue less expenses Subtract line 18 from line 12		47,568.0	_		09.00
stats or	80	T-4-1 -			ng of Current Y		End of Ye	
		TOTAL	ssets (Part X, line 16)		135,855.		157,5	
	21		abilities (Part X, line 26)		7,393.			11.00
	22		sets or fund balances Subtract line 21 from line 20.		128,462.	00	151,7	71.00
	rt II		nature Block	_				
true	rer per , corre	ct, and c	perjury, I declare that I have examined this return, including accompanying schedules and statem omplete. Declaration of preparer (other than officer) is based on all information of which preparer has	ents, and	d to the best of	my knov	bna egbelv	belief, it is
			2011	ony kito	10080			
Sig	n)	Dise Doff Je		07/10	/201	4	
ler		" `	Signature of officer		Date			
	•		SUSAN BONFIELD Proctor					
			ype or print name and title					
aid	. 1	これのひて	ype preparer's name Preparer's signature 1		Check	# PTIN		
	arer	TRAC	CY SLAUGHTER CPA TYPH 07/10/	<u>/2014</u>	self-employe	d L		
-	Only	Firm's			irm's EIN			
			address >	— †	роле по			
_			uss this return with the preparer shown above? (see instructions)				X Yes	No
or I	Paper	work F	leduction Act Notice, see the separate instructions.		· · · · · ·			0 (2013)

JSA 3E1010 1 000

1-17 12

For	90 (2013) Page 2
Pá	Statement of Program Service Accomplishments
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part
•	IRD CONSERVATION AND EDUCATION
	THE CONCENTION THE BESCH TON
2	d the organization undertake any significant program services during the year which were not listed on the
	ior Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O
3	id the organization cease conducting, or make significant changes in how it conducts, any program Yes X No
	ervices?
4	rescribe the organization's program service accomplishments for each of its three largest program services, as measured by epenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$253, 297.00 including grants of \$ 1,800.00) (Revenue \$ 318,933.00)
	HE ORGANIZATION WORKS TO INCREASE AWARENESS OF BIRDS AND THEIR CONSERVATION
	HROUGHOUT THE WESTERN HEMISPHERE; PROVIDES EDUCATION MATERIALS; PROVIDES A
	RAMEWORK FOR BIRD FESTIVALS AND EVENTS; OFFERS BIRD WORKSHOPS FOR EDUCATORS;
	OTIVATES PEOPLE TO GET INVOLVED IN BIRD CONSERVATION
4b	code) (Expenses \$ including grants of \$) (Revenue \$)
	
4c	Code.) (Expenses \$ Including grants of \$) (Revenue \$)
4d	ther program services (Describe in Schedule O.)
	Expenses \$ including grants of \$) (Revenue \$)
4e	otal program service expenses > 253, 297.00

Page 2

Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		~	
-	assessments, or similar amounts as defined in 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 for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1 1		
	"Yes," complete Schedule D, Part I	6		х
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		Х
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 :		
	complete Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	lİ		,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	118		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
43.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		 ^
14 1	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		├-^-
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\hat{x}}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
- •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Perts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
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," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			ļ
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>L</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
	to defease any tax-exempt bonds?	24c		L
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
		25a		Х
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?			1
	If "Yes," complete Schedule L, Part L	26b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		:	1
	entity or family member of any of these persons? 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 instructions for applicable filing thresholds, conditions, and exceptions)	;		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R		1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38_	Х	
		E	000	(2013)

	ts Regarding Other IRS Filings and Tax Compliance			_
Check if S	Schedule O contains a response or note to any line in this Part V		Yes	<u> </u>
4 - Entortha number s	reported in Box 3 of Form 1096 Enter -0- if not applicable		108	NO
	reported in Box 3 of Form 1096 Enter -0- if not applicable			
	ation comply with backup withholding rules for reportable payments to vendors and			
		1c	х	
	of employees reported on Form W-3, Transmittal of Wage and Tax			
	or the calendar year ending with or within the year covered by this return . 2a 5			
	the second year of the	2b	x	
	Times 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	on have unrelated business gross income of \$1,000 or more during the year?	3a	\neg	X
▼	a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	the calendar year, did the organization have an interest in, or a signature or other authority			
	account in a foreign country (such as a bank account, securities account, or other financial			
		4a	- 1	Х
b if "Yes." enter the r	name of the foreign country: ▶			
	r filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	ion a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
-		5b		X
	or 5b, did the organization file Form 8886-T?	5c		
	ation have annual gross receipts that are normally greater than \$100,000, and did the	7		
	any contributions that were not tax deductible as charitable contributions?	6a		Χ
b If "Yes," did the or	organization include with every solicitation an express statement that such contributions or		1	
gifts were not tax d	deductible?	6b		
	t may receive deductible contributions under section 170(c).			
	on receive a payment in excess of \$75 made partly as a contribution and partly for goods			
and services provid		7a		Х
b If "Yes," did the org	ganization notify the donor of the value of the goods or services provided?	7b		
	ion sell, exchange, or otherwise dispose of tangible personal property for which it was			
		7c		Х
	ne number of Forms 8282 filed during the year			
	on receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\dashv	X
	on, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		<u>7g </u>		X
		7h)	X
	anizations maintaining donor advised funds and section 509(a)(3) supporting			
	id the supporting organization, or a donor advised fund maintained by a sponsoring			-
-	excess business holdings at any time during the year?	8		X
	sizations maintaining donor advised funds.	0-		V
	on make any taxable distributions under section 4966?	9a 9b		X
	organizations. Enter:	90		Ŷ
	capital contributions included on Part VIII, line 12			
	cluded on Form 990, Part VIII, line 12, for public use of club facilities 10b			
•	organizations. Enter			
	n members or shareholders			
	m other sources (Do not net amounts due or paid to other sources			
	ue or received from them)			
		12a	- 1	
	amount of tax-exempt interest received or accrued during the year			
) qualified nonprofit health insurance issuers.			
	· ·	13a		
Note. See the instri	ructions for additional information the organization must report on Schedule O		أحي	
	of reserves the organization is required to maintain by the states in which			
the organization is I	licensed to issue qualified health plans			
c Enter the amount o	of reserves on hand ,			_
14a Did the organization	of reserves on hand	14a	[_X
14a Did the organization	on receive any payments for indoor tanning services during the tax year?	14a 14b		Х

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			uons.
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	• • •	
Sect	tion A. Governing Body and Management			
	ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	.		
Ь	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	١.		v
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	ſ		,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	-	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	8	-	X
6	Did the organization have members or stockholders?		 	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	ļ	х
	one or more members of the governing body?	10	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
8	stockholders, or persons other than the governing body?	1.0		 -
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following: The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	\vdash
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu		9 .)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c	ļ	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	L	Х
15	Did the process for determining compensation of the following persons include a review and approval by	1] '	
	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	
Ь	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1	1	l
16a	The second secon		1	١.,
	with a taxable entity during the year?	16a	_	X
þ	in the first and digament tenent - minter panel of proceeds toquing the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	}	
Sect	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
17	List the states with which a copy of this Form 990 is required to be filed ► COLORADO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501(c)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nerest	policy	, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of	4 L_		
-4	organization ► SUSAN BONFIELD 2840 ILIFF ST BOULDER, CO 80305	ıne		
ISA				

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Page	7

Form	222	/2n1	131

	•,										
Part VII .	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	onti	actors								

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	lorga	nıza	tion	CO	npen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or di	unle: er and	Pos heck ss pe	rson	Highest compensated in the compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SUSAN BONFIELD 2840 ILIFF ST BOULDER, CO	40	x			x	х		66,356.00	0.00	0.00
(2) RUSS GREENBERG 3001 CONNECTICUT AVE NW WASH DC	0	х						0.00	0.00	0.00
(3) JONI ELLIS 5171 ELDORADO SPRINGS ELDORADO SPRINGS	, con	Х						0.00	0.00	0.00
(4) KEN KAUFFMAN 13551 W STATE TRE 2 OAK HARBOR, OH	0	X						0.00	0.00	0.00
(5) DAVID CASE 5171 ELDORADO SPRINGS ELDORADO SPRINGS	, cog	х						0.00	0.00	0.00
(6) IAN DAVIDSON CASILLA 17-17-717 QUITO ECUADOR	0	Х						0.00	0.00	0.00
_(7)										
(10)										
(11)										
(12)										
(13)					-					<u></u>
(14)										

Part VII Section A. Officers, Directors, Tru	(B)	<u>, </u>	.,,,,,,	((C)	411.4				
(A) Name and title	Average hours per week (list any hours for	box,	unles	heck is pe	rson	e than o is both or/trust	an (00)	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation
(15)										
(16)							 		, -	
(17)				-			-	,	`\	
(18)					 			/	,	
(19)				_			-	<i>'</i>	``	
(20)					 		-	,		+
(21)				_	-		-			
(22)										``
(23)					-		-			
(24)	• • • • • • • • • • • • • • • • • • • •						-			
(25)							-			
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0.00	0.0	0.0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not	limited to	those	liste	ed a		 /e) wh	<u>▶</u> 10 г	66,356.00 eceived more than	0.00 \$100,000 of	0.0
reportable compensation from the organization	n ►									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete School	cer, direct	or, o ich ind	r tr divid	uste Iual	ee,	key	em	ployee, or highes	st compensated	
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of re eater thai	porta 1 \$1	ble 50,0	соп 200	npe ? /	nsatio	on a	and other comper complete Sched	nsation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpe	nsat	ion	fro	m an	y ui	nrelated organizat	ion or individual	
Section B. Independent Contractors										
 Complete this table for your five highest con compensation from the organization. Report year. 	npensated compensat	indep ion fo	end r th	ent e ca	cor alen	ntract idar y	ors ear	that received mor ending with or wit	e than \$100,000 thin the organiza	of ition's tax
(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
NONE			_				+			
							F			
2 Total number of independent contractors	(includin	g bi	ıt r	not	lim	ited	to	those listed ah	ove) who	
received more than \$100,000 of compensations	on from the	orga	nıza	tior	۱ ►			0		Form 990 (201

Par	t VII	Statement of Rever Check if Schedule O co		nse or note to a	ny line in this Part	VIII		
9		STROK W CONTROL OF C		ide of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ភ ភ	1a	Federated campaigns	1a					
<u> </u>	b	Membership dues						
% ₹ 2. £	c	Fundraising events						
를릴	d	Related organizations	<u>1a</u>					
Sim.	0	Government grants (contribu		228,728.00				
utio Ter	1	All other contributions, gifts, gran	nts,					
중등		and similar amounts not included	above . 1f	59,518.00				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included a						
	<u> </u>	Total. Add lines 1a-1f	<u></u>		288,246.00			
Program Service Revenue				Business Code				
À	2a			<u> </u>				
8	b			ļ		_		
Ž	C					<u> </u>		
ν, E	d			_	 			
Ē	0							
õ	f	All other program service rev Total. Add lines 2a-2f			0.00			
	3				0.00			
	,	Investment income (includin other similar amounts)	•	-				
	4	Income from investment of t		_			-	
	5							
	ľ	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less' rental expenses						
	c	Rental income or (loss)	0.00	0.00				
	d	Net rental income or (loss		. .	0.00			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> ▶</u>	0.00			
Other Revenue	8a	Gross income from fundra						
Ver		events (not including \$						
Re		of contributions reported on						
-la		See Part IV, line 18						
ŧ,	b	Less: direct expenses Net income or (loss) from fur			0.00			
U	9a	Gross income from gaming a	_		0.00			
	34	See Part IV, line 19		1				
	ь	Less: direct expenses						
	C	Net income or (loss) from ga			0.00		-	·
	10a	Gross sales of invento	-					
		returns and allowances ,		83,138.00				
	ь	Less, cost of goods sold		52,451.00				
		Net income or (loss) from sal	les of inventory.		30,687.00			
		Miscellaneous Reven	ue	Business Code				
	11a							
	ь	·						
	c							
	d	All other revenue		L				
	θ	Total. Add lines 11a-11d			0.00			
	12	Total revenue. See instruction	ns	<u> ▶</u>	<u>318,933.00</u>	0.00	0.00	0.00

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistence to governments and		1 000 00		
	organizations in the United States See Part IV, line 21 .	1,800.00	1,800.00		
2	Grants and other assistance to individuals in	l e			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
	Compensation of current officers, directors,				
•	trustees, and key employees	66,356.00	46,449.00	19,907.00	
£	Compensation not included above, to disqualified	- 00,500.00	10/113100	23/301.00	
۰	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ļ			
7	Other salaries and wages	52,340.00	49,109.00	3,231.00	- -
	Pension plan accruals and contributions (include section	32/310.00	15/105:00	3/231.00	
3	401(k) and 403(b) employer contributions)				
٥	Other employee benefits	1,680.00	1,512.00	168.00	
9 0	Payroll taxes	9,107.00	7,337.00	1,770.00	
-	Fees for services (non-employees)				
	Management		1		
	Legal				
	: Accounting				
	I Lobbying				
	Professional fundraising services See Part IV, line 17.	· · · · · · · · · · · · · · · · · · ·			
	f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column			 +	
٠	(A) amount list line 11g expenses on Schedule O),	83,530.00	81,252.00	2,278.00	
12	Advertising and promotion	5,378.00	5,253.00	125.00	
13	Office expenses	_4,678.00	3,546.00	1,132.00	
4	Information technology		3/3:0:00	1/132.00	
15	Royalties				
16	Occupancy	10,361.00	1,833.00	8,528.00	
17	Travel	14,036.00	13,605.00	431.00	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	954.00	2.00	952.00	
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,333.00	376.00	957.00	
:3	Insurance	1,111.00	1,111.00		
4	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		İ		
	line 24e amount exceeds 10% of line 25, column			{	
	(A) amount, list line 24e expenses on Schedule O)	[
_	BANK & CREDIT CARD CHARGES	3,813.00	3,622.00	191.00	
	CONFERENCES	2,521.00	1,904.00	617.00	
	PRINTING & POSTAGE	30,150.00	30,140.00	10.00	
c	PROGRAM EVENT EXPENSES	2,462.00	2,462.00		
e	All other expenses MISCELLANEOUS	4,014.00	1,984.00	2,030.00	
	Total functional expenses. Add lines 1 through 24e	295,624.00	253,297.00	42,327.00	0.0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Balance Sheet Part X End of year Beginning of year 44,036.00 Cash - non-interest-bearing 17,436.00 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 6,411.00 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 111,147.00 Inventories for sale or use 110,375.00 8 10 a Land, buildings, and equipment cost or 6,830.00 other basis. Complete Part VI of Schedule D |10a | 1,633,00 10c 2,399.00 4,431.00 11 Investments - publicly traded securities 11 12 Investments - other securities See Part V, line 11 12 Investments - program-related See Part V, line 11 13 13 14 14 15 15 Other assets. See Part IV, line 11 135,855.00 16 157,582.00 16 Accounts payable and accrued expenses 816.00 17 3,859.00 17 18 Grants payable 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 6,577.00 1,952.00 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 7,393.00 26 5,811.00 Total liabilities. Add lines 17 through 25.......... Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 28 28 Permanently restricted net assets......... Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🛛 X and complete lines 30 through 34. ŏ Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 128,462.00 32 151,771.00 ž 33 Total net assets or fund balances 151,771.00 128,462.00 33 135,855.00 34 157,582.00

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Х

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

EN	VIRO	NMENT FOR THE	E AMERICAS		_				20	-584	1470	_
Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions	·	
The	orga	nization is not a priv	ate foundation bed	cause it is (For lines 1 th	rough	11, ch	eck only	one bo	x)			
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i).			
2	П	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	eE)							
3	П			ervice organization descr		sectio	n 170(b)(1)(A)	(ili).			
4	П	A medical research	h organization op	erated in conjunction wi	th a h	ospita	l descr	bed in	section	n 170(Ł)(1)(A)(iii). Enter t	he
		hospital's name, cit	- :	•		•						
5	\Box			nefit of a college or univ	ersity	owned	ог ора	rated t	by a go	vernme	ntal unit described	ın
	ш-	section 170(b)(1)(/			•		•					
6				or governmental unit des	cribed	ı⊓ sect	tion 170	(b)(1)(A)(v).			
7	Н		-	es a substantial part of it						it or fro	m the general pub	lic
		_	•	(Complete Part II.)								
8				on 170(b)(1)(A)(vi). (Com	olete F	Part II)	ı					
9	X			es: (1) more than 331/3 %				contrib	utions.	memb	ership fees, and gro	SS
				exempt functions - subj								
				ome and unrelated busi								
				ne 30, 1975. See section				-			•	
10				ted exclusively to test for	-		-		-).		
11	П	An organization of	rganized and ope	rated exclusively for the	bene	fit of	to perf	orm th	e functi	ons of	or to carry out t	he
		-	•	ipported organizations de			-				-	
				es the type of supporting								
		a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d 🗍	Type III	-Non-fu	inctionally integrate	d
θ	\Box	By checking this be	ox, I certify that the	e organization is not con	trolled	direct	ly or inc	irectly	by one	or mor	e disqualified perso	ıns
		other than foundat	ion managers and	other than one or more	publich	y supp	orted o	rganiza	itions d	escribe	d in section 509(a)	(1)
		or section 509(a)(2	!).					-				
f		If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	/pe I, 1	Type II,	or Typ	e III supporting	
		organization, check		. <i>.</i>								٦
g		Since August 17, 2	006, has the organ	nization accepted any gift	or co	ntributi	on from	any of	the			_
		following persons?	•					,			·	
		(i) A person who	directly or indirec	tly controls, either alone	or toge	ether v	with per	sons d	escribed	d in (ii)	and Yes N	lo
		(iii) below, the	governing body of	the supported organization	on?						11g(i)	_
		(li) A family memb	per of a person des	scribed in (i) above?							11g(ll)	_
		(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?						11g(lii)	_
_ <u>h</u>		Provide the following	ng information abo	ut the supported organiza	ation(s))						_
		ame of supported	(II) EIN	(III) Type of organization	(lv)	is the		ou notify			(vii) Amount of monets	ıry
		organization		(described on lines 1-9 above or IRC section	coi (i)	zation in listed in		nization of your	organiz col (i) or		support	
				(see instructions))		overning ment?		ort?	in the			
					Yes	No	Yes	No	Yes	No		
(A)												
				<u> </u>		ļ	l					
(B)			ļ									
				<u> </u>		ļ	ļ					
(C)												
<u>. </u>				· · · · · · · · · · · · · · · · · · ·	L	ļ	Ļ					
(D)									ļ			
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(E)					ĺ							
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Tota	a i					l					, ,	١٥
		work Reduction Act I	Notice see the leater	ctions for	Ь	L	<u></u>		l		(Form 990 or 990-EZ) 2	
		or 990-EZ.	, 300 610 111000	Section 101					301	.ouule A	11 OIIII 880 UI 830°E4) 4	. IJ

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						0.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.00
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.00
4	Total Add lines 1 through 3	0.00	0.00	0.00	0.00	0.00	0.00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		·				0.00
	tion B. Total Support		r				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	0.00	0.00	0.00	0.00	0.00	0.00
	sources						0.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.00
10	Other Income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.00
11	Total support. Add lines 7 through 10						0.00
12	Gross receipts from related activities, etc. (se				· · · · · · · · · •	12	
13	First five years. If the Form 990 is fo organization, check this box and stop here		<u></u>	d, third, fourth,	or fifth tax yea	ras a section	501(c)(3) ▶
	tion C. Computation of Public Supp			 		 r	2 22 22 21
14	Public support percentage for 2013 (lin						0.0000%
15 16-	Public support percentage from 2012 \$	schedule A, Pa	rt II, line 14			75	<u> %</u>
100	331/3% support test - 2013. If the or this box and stop here. The organizatio	ganization oid	HOL CHECK THE D	oox on line 13,	and line 14 is	331/3 % or more	e, cneck
b	331/3% support test - 2012. If the or	rganization did	not check a be	v on line 13 o	r 16a and line	15 10 33449%	r more
-	check this box and stop here. The orga	inization dualifie	not check a be	or of fille 10 o	nization	13 15 33 1/3 /6 (, more,
17a	10%-facts-and-circumstances test - 2	013. If the ora	anization did no	ot check a hox	on line 13 162	or 16h and lu	
	10% or more, and if the organization Part IV how the organization meets thorganization	meets the "fac ne "facts-and-c	cts-and-circumsta rcumstances" te	ances" test, che est. The organiz	eck this box an zation qualifies :	d stop here. Ex as a publicly su	kplain in poorted
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organ	012. If the org nization meets	anization did no the "facts-and	ot check a box -circumstances'	on line 13, 16a test, check the	i, 16b, or 17a, i Is box and sto	and line op here.
	Explain in Part IV how the organization supported organization						
18	Private foundation. If the organization of instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	this box and see	
						hedule A (Form 99	

Part III
Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	140,850.00	228,193.00	228,768.00	187,370.00	288,246.00	1,073,427.00
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the		-			ļ	}
	organization's tax-exempt purpose	0.00	6,715.00	7,065.00	21,198.00	30,687.00	65,665.00
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ļ				ļ	0.00
4	Tax revenues levied for the				-		
	organization's benefit and either paid		Ì			Ì	1
	to or expended on its behalf		Í				0.00
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge	l l				ļ	0.00
6	Total Add lines 1 through 5	140,850.00	234,908.00	235,833.00	208,568.00	318,933.00	1,139,092.00
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	500.00	ļ				500.00
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year		ł			1	0.00
c	Add lines 7a and 7b	500.00	0.00	0.00	0.00	0.00	500.00
8	Public support (Subtract line 7c from						
	fine 6.)						1,138,592 00
Sec	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	140,850.00	234,908.00	235,833.00	208,568.00	318,933.00	1,139,092.00
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.00
Þ	Unrelated business taxable income (less	}					1
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.00
C	Add lines 10a and 10b	0.00	0.00	0.00	0.00	0.00	0.00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.00
12	Other income. Do not include gain or]					
	loss from the sale of capital assets						1
	(Explain in Part IV.)						0.00
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	140,850.00	234,908.00	235,833.00			1,139,092.00
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	<u></u>	<u> </u>	<u> ▶ _ </u>
	tion C. Computation of Public Sup					, , , , , , , , , , , , , , , , , , , 	
15	Public support percentage for 2013 (line 8,	, column (1) divide	o by line 13, colum	^{ìn (1))}		15	99.9561 %
16	Public support percentage from 2012 Sche			· · · · · · · · · · · · · · · · · · ·	····	16	99.8906 %
	tion D. Computation of Investmen					T T	0.000000
17	Investment income percentage for 2013 (lin	ne 10c, column (1) divided by line 1	3, column (f))		17	0.0000%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	<u>%</u>
19 a	331/3% support tests - 2013. If the org						
	17 is not more than 331/3 %, check th	is box and stop	here. The orga	mization qualifies	s as a publicly	supported orgai	nization 🕨 🔝
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	panization qualific	es as a publicly	supported organ	nization -
JSA	Private foundation. If the organization	ala not check a	Dox on line 1	4, 19a, or 19b			
3E 122	1 1 000				S	cnedule A (Form	990 or 990-EZ) 2013

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20**13**

Open to Public Inspection

Name of the organization 20-5844470 ENVIRONMENT FOR THE AMERICAS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year, Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	till Organizations Maintaining Colle	ctions of	Art, Hist	orical T	reasur	es,	or Oth	er Simila	ar Asse	ts (con	tinued	<u>1)</u>	
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and o	ther recor	ds, checl	c any c	f the	follow	ing that a	re a sigr	ificant (ise of	its	
а	Public exhibition		d [Loan	or excha	ange	prograi	ms					
b	Scholarly research		e	-1		-							
C	Preservation for future generations		· L										
4	Provide a description of the organization's	collections	and expla	ain how I	hev fu	ther	the or	anization'	s exemo	numos	e in F	Part	
•	XIII.		arra onpic		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,					
5	During the year, did the organization solicit	or receive d	onations o	fact hiet	orical tr		.ee or (other simil	ar				
•										Yes		No	
Par	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9,												
	or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?									Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and comple	ete the follo	owing tab	le.	• • •	• • • •						
								A	mount				
C	Beginning balance					10							
d	Additions during the year					1d							
e	Distributions during the year					1e							
f	Ending balance					1f					0.0	0	
2a	Did the organization include an amount on f	Form 990, F	Part X, line	217						Yes		No	
b	If "Yes," explain the arrangement in Part XIII	Check her	e if the exp	olanation	has be	en pr	ovided	n Part XIII	<u> </u>				
Par	t V Endowment Funds. Complete if	the organiz	zation ans	wered "	Yes" to	For	n 990,						
		rrent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years b	ack	
1a	Beginning of year balance												
þ	Contributions												
C	Net investment earnings, gains,		<u> </u>										
	and losses												
d	Grants or scholarships												
e	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
9	End of year balance	0.00		0.00			0.00		0.00		0.	00	
2	Provide the estimated percentage of the cur	rent year er	nd balance	(line 1g,	column	(a))	held as						
	Board designated or quasi-endowment		%										
b	Permanent endowment ▶ %		_										
C	Temporarily restricted endowment	%											
	The percentages in lines 2a, 2b, and 2c sho												
3a	Are there endowment funds not in the poss	ession of th	e organiza	tion that	are hel	d and	l admin	istered for	the	_			
	organization by:										Yes	No	
	(i) unrelated organizations									3a(i)			
	(II) related organizations									3a(ii)			
b	If "Yes" to 3a(ii), are the related organization									3b			
4	Describe in Part XIII the intended uses of the	e organizati	on's endov	vment fur	nds							_	
Par	t VI Land, Buildings, and Equipment. Complete if the organization ans	word "Yo	o" to Earn	, 000 D	n=+ I\ / I	ina 1	10 0	o Form C	100 Dad	V line	10		
	Description of property	(a) Cost or (invest	other basis	(b) Cost o			(c) Acc	umulated eciation) Book va			
1a	Land	L				\Box					0.	00	
b	Buildings					$\prod_{i=1}^{n}$					0.	00	
C	Leasehold improvements										0.	00	
d	Equipment			6	830.	00	4,	431.00		2,	399.	00	
_ е	Other					\Box					0.	00	
Tota	. Add lines 1a through 1e (Column (d) must	equal Form	1990, Part	X, colum	(B), lin	8 10	c))	▶		2,	399.	00	
									Sched	ule D (Fo	m 990)	2013	

Schedule D (Form 890) 2013

JSA 3E 1270 1 000

Part VII	Investments - Other Securities.	t "Voo" to Form 000	Port N/ line 11h See Form 990	Part V line 12
	Complete if the organization answered (a) Description of security or category		(c) Method of valuat	
	(including name of security)	(b) Book value	Cost or end-of-year mark	et value
	al derivatives			
	-held equity interests			
/ 4 \				
(C)				
(D)		<u> </u>		
<u>(E)</u>				
(F)		<u> </u>		
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	0.00		
Part VIII		0.00		
rait viii	Complete if the organization answered	i "Yes" to Form 990	Part IV line 11c See Form 990	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	on
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, coi (B) line 13)	0.00		
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·		··
	Complete if the organization answered	l "Yes" to Form 990,	Part IV, line 11d. See Form 990,	Part X, line 15.
		Description		(b) Book value
(1)				
(2)				
(3)		····		·
(4)				·
(5)				
(6)				
(7)	-			
(8)				
(9)	imp (h) must equal Form 000 Port V and (P)	(mo 45.)		0.00
Part X	umn (b) must equal Form 990, Part X, col. (B) in Other Liabilities.	1110 15.)	· · · · · · · · · · · · · · · · · · ·	0.00
raitA	Complete if the organization answered	I "Yas" to Form 990	Part IV line 11e or 11f See Form	DOO Dart Y
	line 25	1 100 (0101111000,	7 arc 14, mile 11e 0/ 111. Gee 1 0/11	1 330, 1 att X,
1.	(a) Description of liability	(b) Book value		
	al income taxes	(5) 2000 4210	<u></u>	
(2)	ar most to to to			
(3)				
(4)				
(5)			 _	
(6)				
(7)				
(8)				
(9)				
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25)	>	0.00	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to the	e organization's financial statements that re	oorts the
organization's	s liability for uncertain tax positions under FIN 48	(ASC 740) Check here	if the text of the footnote has been pro-	vided in Part XIII

Page 4
 0.00
 0.00
 0.00
 0.00

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
· 		
	.,,	
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Schedule D (Form 990) 2013

#### SCHEDULE O (Form 990 or 990-EZ)

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer Identification number

20-5844470
CUTIVE DIRECTOR.
ORADO SECRETARY OF
ORGANIZATION MAKES
•••

Schedule Q (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
ENVIRONMENT FOR THE AMERICAS	20-5844470
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# Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

<ul><li>If y</li></ul>	you are	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo <i>lete Part II unless</i> you have already been grai	onth Exten	sion, complete only Pa	art II (on page 2 of this f	orm	<b>)</b> .	• • •	► [X]
Elect a cor 8868 Retui	tronic file poration to req	ling (e-file). You can electronically file Form an required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of the	8868 if yo nal (not au forms liste I Benefit (	u need a 3-month auto tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	omatic extension of time ision of time. You can earth the exception of Fo t be sent to the IRS	e to electorm in p	file tronic 8870 paper	(6 moi cally fil ), Infoi r form	le Form rmation at (see
_		comatic 3-Month Extension of Time. On							·
_		required to file Form 990-T and requesting				nole	te		
م الم الم	her con		ine PEMIC	'e and truste must use.		 Dvf	 'Anei	on of ti	ime
	-	e tax retums.	ips, reinc	os, and trusts must use t	Enter filer's identifyin				
10 1116	income	Name of exempt organization or other filer, see in	etauctions	<del></del>	Employer identification nu	_			00000118
Туре	or	realite of exempt organization of other files, 366 in	3110000113		Employer identification nu	imbe	# (En	4) 01	
print		ENVITAGIMENT FOR THE THERTON			00 5044	٦.			
File by		ENVIRONMENT FOR THE AMERICAS  Number, street, and room or suite no. If a P O box			20-58444				
due da			x, see instruc	ctions.	Social security number (S	SN)			
liling y return		2840 ILIFF STREET		<del>,</del>	<u> </u>				
instruc		City, town or post office, state, and ZIP code. For	a toreign ad	dress, see instructions					
		BOULDER, CO 80305			· · · · · · · · · · · · · · · · · · ·				
Ente	r the Re	turn code for the return that this application i	is for (file a	separate application fo	or each return)			٠. ١	0 1
Appli	ication		Return	Application				R	leturn
is Fo	r		Code	ls For					Code
Form	990 or	Form 990-EZ	01	Form 990-T (corporat	oration)				07
Form	990-BL		02	Form 1041-A					08
		Individual)	03	Form 4720 (other tha	han individual)			$\top$	09
	990-PF		04	Form 5227	,			_	10
		(sec 401(a) or 408(a) trust)	05		Form 6069			_	11
		(trust other than above)	06	Form 8870				+	12
				7 0111 0070	<del></del>				12
• 111	ie books	s are in the care of ► SUSAN_BONFIELD							
~-		N- 5 202 400 1050		••••					
		No. ► 303-499-1950		AX No ▶					<del></del> 1
• (1)	ine orga	inization does not have an office or place of t	ousiness in	the United States, che	ck this box				▶ 🔝
• 11 1	inis is to	r a Group Return, enter the organization's fou	ur digit Gro	up Exemption Number (	(GEN)		_	this is	
tor tr	ie whole	group, check this box $\ldots$ $ ho$ $lacksquare$ . If	it is for pa	rt of the group, check t	this box ▶ [	$\Box$	and:	attach	
		names and EINs of all members the extense							
1		st an automatic 3-month (6 months for a cor							
			exempt org	janization return for the	e organization named at	bove	: The	e exter	noiar
		organization's return for							
	_	calendar year 20 <u>13</u> or							
	<b>&gt;</b>	tax year beginning	, 20	, and ending		20_		.•	
_				r					
2		ix year entered in line 1 is for less than 12 m hange in accounting period	onths, chec	ck reason. [] Initial re	eturn Final returi	n			
3a	If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any		$\overline{}$		
		indable credits. See instructions.			, - <del>-</del> ,	3a	S		
b	If this	application is for Form 990-PF, 990-T,	4720. or	6069, enter any re	efundable credits and	\ <u>-</u>	<u> </u>		
		ed tax payments made. Include any prior yea				3b	2		
C	Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form if re	guired, by using EFTPS		-		
		onic Federal Tax Payment System). See Instru			40 00, 0, 00mg L 11 0	3c	\$		0.00
Cauti		are going to make an electronic funds withdrawal		t) with this Form 8868. se	ee Form 8453-EO and Form			) for pa	yment
	ctions								•

For Privacy Act and Paperwork Reduction Act Notice, see instructions.