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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

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

OMB No 1545-0047 Open to Public

Ā	For t	he 201	5 cale	endar year, or ta			000 1110 1	2016		ending	10/11/300.		. 20	cation	
<u> </u>				ne of organization	x your bo	y no mig		, 2010	, and	ending	O Employer	Hitnohl	ation number		
В	Check if a	applicable.		•	^D 7015	AMEDICAC	1								
	T Addr	ress		IRONMENT FO	OK THE	AMERICAS	<u></u> -						4.470		
-	chan			g business as aber and street (or P.	O hov d mad	le set deli-	to observe and	(4444)	15		20-5844470 E Telephone number				
-	┥	e change				I IS NOT DELIVERED	ID RUBBL SOL	iress)	Room/	S UIT O	1				
\perp	_	i return i return		O ILIFF STR		· · · · · · · · · · · · · · · · · · ·			<u></u>		97	0-39	3-1183		
-	lerm	inated		or town, state or pro		y, and ZIP or fon	eign postal c	code			1				
<u> </u>	retur				80305						G Gross rec	<u> </u>		99.00	
L	pend	Sing Sing		e and address of pn	•						H(a) is this a subordin		turn for Yes	• X N	
			Sus	an Bonfield			Boulo	ler, CO 8	0305		_ H(b) A+ et s	ubordinates	induted? Yes	∍	
	Tax-ex	xempt st	atus	X 501(c)(3)	501(c)	(_) ◀ (ir	nsert no)	4947(a)(1)	or	527	II "No."	attach a fi	lst (see instructions))	
<u>J</u>		ilte: 🕨		.birdday.o	rg						H(c) Group e	nodqmex	number 🕨		
K		of organ	rzation:	X Corporation	Trust	Association	Other	>		Year of forms	ation: 2005	M State	e of legal domicil	e: CO	
Р	art I		mmar			····									
	1	Briefly	descr	ibe the organizatio	on's mission	n or most signif	ficant activ	ties: Bird	con	servati	on and	educ	ation		
9			~												
Ē	ì														
Governance	2			ox 🕨 🔙 if the o									•		
Ğ	3	Numb	er of v	oting members of	the governi	ng body (Part \	√I, line 1a)					. 3		5	
ත් ආ		Numb	er of ir	ndependent voting	members o	of the governing	ng body (Pa	art VI, line 1b)				. 4	<u> </u>	0	
흁	5	Total i	numbe	r of Individuals em	iployed in c	alendar year 2	015 (Part \	/, line 2a)				. 5		8	
Activities	6	Total r	numbe	r of volunteers (est	imate if nec	essary)						. 6			
ď	7a	Total ı	unrelat	ed business reven	ue from Pari	t VIII, column (C), line 12					. 7a		0.00	
	b	Net ur	relate	d business taxable	income fro	m Form 990-T	, line 34 .	ا بې پېسىرۇر.	١	<u></u>	<u> </u>	. 7b			
	l			-			السخطة الأراق	" <u> </u>	/		Prior Yea	r	Current	Year	
•	8	Contri	butions	s and grants (Part '	VIII, line 1h)	سِلْمِيلاً أَدُ ا	G	suig J	:\	🗀	215,04	2.00		15.00	
훒	9	Progra	am ser	vice revenue (Part \	VIII, line 2g)		11/4 J.	المترين أرار				_		75.00	
Revenue	10	Invest	ment i	ncome (Part VIII, c	olumn (A), i	ines 3, 4, and	ΑN,		زرر					0.00	
-	11	Other	revenu	ie (Part VIII, colum	nn (A), lines	5, 6d, 8c, 9c,	10c, and 1	1e) \\			45,19	7.00	45,2	08.00	
	12			e - add lines 8 thro						🗀	260,23	9.00	508,9	98.00	
	13	Grants	and s	imilar amounts pai	d (Part IX, c	olumn (À), line	s 1-3)				1,30	0.00	17,8	99.00	
	14			to or for members		9,00								0.00	
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								136,27	1.00	132,4	32.00		
至	16a	Profes	essional fundreising fees (Part IX, column (A), line 11e)											0.00	
Expenses	b			sing expenses (Par							``.				
w	17	Other	expens	ses (Part IX, colum	ın (A), lines	11a-11d, 11f-2	24e)			[149,13	6.00	314,7	22.00	
	18			es. Add lines 13-1							286,70	7.00	465,0	53.00	
	19	Reven	ue les:	s expenses Subtra	act line 18 fr	om line 12	<u></u>	<u> </u>	<u></u>	[(26,468	.00)	43,9	45.00	
Assets or Balances											nning of Curre		End of Y	eer	
age a	20	Total a	assets ((Part X, line 16)						🗀	138,40	7.00	176,6	77.00	
26	21	Total I	iabilitie	es (Part X, line 26)						🗀	13,10	4.00	7,4	29.00	
	22	Net as	sets o	r fund balances. S	ubtract line	21 from line 20	0. <u></u> .	<u> </u>		[125,30	3.00	169,2	48.00	
Pa	rt II	Sig	natur	e Block											
Un	der per	naities o	f perjur	y, I declare that I ha	ve examined	this return, incl	uding acco	mpanying sched	ules and	statements,	and to the bes	st of my	knowladge and	belief, it is	
LIGI	e, corre	sci, and i	complet	e Declaration of prep	parer (other tr	Tan onicer) is ba	Sec on sair	normation of Whi	ch prepa	arer nas any k	nowledge				
^ 1	_	I .		Sout	soll	<u>e</u>						5/15	12016	·	
Sig			Signatu	re of officer	$\sim 0^{\sim}$. 0			-		Date				
He	re	.		Susan i	50nti	eld									
			Type or	print name and title			1	. 1							
D-1-			7-:	eparer's name	000	Preparer a s	Ignatore		Dete	•	Check	if	PTIN		
Palo		[]	1GC	1 Slqushte	1 CIA	INAL	7XX	\mathcal{M}	05	/10/20		——" (P0030	6689	
	parer Only	Firm's	name	▶ Peakview	Accou	nting Se	rvices	, PC			Firm's EIN	▶ 80-	0022086		
	- Only		address	▶ 1823 Fol	som St	#200 Bo	ulder,	CO 8030	2		Phone no.		-442-139	0	
May	the I			nis return with the									. X Yes	T No	
_				tion Act Notice, se					 _					90 (2015)	

Fo	m 990 (2015) Page	2
P	art III Statement of Program Service Accomplishments	_
_	Check if Schedule O contains a response or note to any line in this Part III	1
1	Briefly describe the organization's mission:	
	Bird conservation and education	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
	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 N If "Yes," describe these changes on Schedule O.	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. Education	oy S,
4a	(Code:) (Expenses \$425,916.00 including grants of \$17,899.00) (Revenue \$508,998.00) The organization works to increase awareness of birds and their conservation	_
	throughout the western hemisphere; provides education materials; provides a framework for bird festivals and events; offers bird workshops for educators; and	_
	motivates people to get involved in bird conservation.	_
	and the state of t	-
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	-
		_
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		—
		_
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		_
_	/O-1-	_
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		_
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		_
		_
		-
		_
4d	Other program services (Describe in Schedule O.)	_
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 425, 916.00	_
	20 1 000 Form 990 (201	5)

$\overline{}$	90 (2015)		P	age 3
Part	IV Checklist of Required Schedules		- T	NI.
	de the appealant and appeal of the positive FO4/2//ON as 4047/ N/45 / H. H. H. L. H. L. H. A. H. L. H.		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	ı
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		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 "Yes," complete Schedule D, Part I.			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	6_		<u> </u>
•	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		x
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		X
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10		Λ_
	VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	· · · · · · · · · · · · · · · · · · ·	11b		_X_
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
		11c		<u>x</u>
u	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		x
		11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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 and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
U	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		x
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		x _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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		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		Χ_
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		X
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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	• • • • • • • • • • • • • • • • • • • •	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24¢		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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			
	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 filling thresholds, conditions, and exceptions):		l	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		
	or IV, and Part V, line 1	34		X
35 a	• • • • • • • • • • • • • • • • • • • •	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ĺ		
	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,			
	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	X	(2015)
		(uun	/004EL

Par			
	Check if Schedule O contains a response or note to any line in this Part V		لميل
_		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	Enter the name of the office of the order of the approache, i, i		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c X	
	reportable gaming (gambling) winnings to prize winners?	1c 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 8		
	Contentions, and for the contents your creamy with or within the year covered by this retain.	2b X	_
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	V
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b	
48	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	4.	x
	account)?	4a	
D	If "Yes," enter the name of the foreign country:		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR).	52	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	$\frac{1}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c	 ^-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-7?	86	
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	x
_	organization solicit any contributions that were not tax deductible as charitable contributions?	- Va	 ^-
D		6b	1
7	gifts were not tax deductible?	0.0	
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
a	and services provided to the payor?	7a	Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+ :
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
·	required to file Form 8282?	7c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year		عند
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
-	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a	T
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\top
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
а	Gross income from members or shareholders		
ь	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a		12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
-		13a	
	Note. See the instructions for additional information the organization must report on Schedule Q.		
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		
c	Enter the amount of reserves on hand		
		14a	X
b		14b	
JSA	0 1 000	Form 990	(2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	"No" tions.
Sect	on A. Governing Body and Management			
0600	On 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 <u>1a</u> 5			
10	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
U	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.2		
•	•			
_	the year by the following: The governing body?	8a	Х	
8		8b	x	
b	Each committee with authority to act on behalf of the governing body?			
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		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		9)	
	on our divided (This decision is requested intermediate about position for required by the intermed revenue		Yes	No
40-	Did the average ration have lead charters brombes or offlictor?	10a		x
10a	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	_	
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	<u> </u>	\vdash
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		1
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		x
13	Did the organization have a written whistleblower policy?	14	 	X
14	Did the organization have a written document retention and destruction policy?	14		Λ.
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?	450	Х	
a	The organization's CEO, Executive Director, or top management official	15a	_^_	х
b	Other officers or key employees of the organization	15b		_^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		40-		Х
_	with a taxable entity during the year?	16a		_^_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		1
Casti	organization's exempt status with respect to such arrangements?	16b	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
	on C. Disclosure			
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	1 501(c)(3)8	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	is:►		
JSA	Susan Bonfield 2840 Iliff St Boulder, CO 80305 970-393-1183	F	000	(2015)
5E 1042	1 000	rom	. 350	(2013)

Form	990	(2015)	

_	
Pene	- 4

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

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

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

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

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	orga	niza	tion	cor	npen	sate	ed any current offic	er, director, or trus	stee.	
(A) Name and Title	(B) Average hours per week (list any	· 1						(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted (ine)	Individual trustee or director	Instriutional trustee	Officer	Key employee	Highest compensated employee	Former	the . organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Susan Bonfield											
2840 Iliff Boulder, CO	40	Х			X	Х		67,601.00	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 Sp Eldorado Sp, CO	0	х						0.00	0.00	0.00	
(4) Ken Kauffman											
13551 W State Tre 2 Oak Harbor, OH	0	х						0.00	0.00	0.00	
(5) David Case											
5171 Eldorado Sp Eldorado Sp, CO	0	x						0.00	0.00	0.00	
(6) Ian Davidson											
Casilla 17-17-717 Quito Ecuador	0	х						0.00	0.00	0.00	
(10)						_					
(11)											
(12)	ļ										
(13)											
(14)	 										

Form 890 (2015) Part VII Section A. Officers, Directors, Tru	stees Key	v Em	nlo	/AA	8. 8	nd H	iah	nest Compensate	d Employ	1888 (CC	ntinued	Page 8
(A) Name and title	(B) Average hours per week (hat any hours for related organizations below dotted line)	(do i	not ci	Pos heck ss pe	C) lition mon inson	than the both sis or/frust Highest compensated	ene an	(D) Reportable compensation	(E) Reports compensati relate organizs (W-2/1099	ible ion from id tions	Estil amo ot compe fror organ and	F) mated unit of her ensation in the lization related lizations
(15)			a		_	sated						 .
(16)		 	_				_					
(17)					-							
(18)				ļ								
(19)												
(20)		-	_		-							
(21)			-									
(22)											_	
(23)			-									
(24)		ļ							-			-
(25)					-							
1b Sub-total c Total from continuation sheets to Part VII, and Total (add lines 1b and 1c)				<u> </u>			A A		2400.0	0.00 0.00 0.00		0.00 0.00 0.00
Total number of individuals (including but no reportable compensation from the organization)		o thos	se II	stec		ove) v	wno	received more th	an \$100,0	00 or		
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee	dule J for su	uch in	divid	lual							3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater thai	n \$1	50,0	000	? 1	f "Ye	S, "	complete Schedu	ule J for	such	4	Х
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	ompe	nsat	tion	fro	m any	y ui	nrelated organizati	on or indi-	vidual	6	Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors												
compensation from the organization. Report year.	compensal	tion fo	or th	e cı	alen	idar y	ear	ending with or wit	hin the org	ganizatio	n's tax	
(A) Name and business add	iress						T	(B) Description of se	rvices	С	(C) ompensa	ition
None							F					
							F					
2 Total number of independent contractors	s (includio	a hi	ıt n	ot	limi	ited		those listed above	ve) who			
received more than \$100,000 of compensati								0	10, 1110			

Form 990 (2015) Pa									
Par	t VIII	Statement of Rever	nue					•	
		Check if Schedule O co	ontains a respoi	nse or note to ar	ny line in this Part V	////		· · · · · · · · · · · · · · · · · · ·	
					(A) Total revenue	(B) Retated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
ងឹង	1a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	Г <u>.</u>	Membership dues							
δ, E	ء	Fundraising events							
E E	ا	Related organizations	1 1	· <u></u>					
S. E		Government grants (contribu	1 1	419,827.00					
∯ P	f	All other contributions, gifts,	·····						
퉏훘	1	and similar amounts not included	· I !	43,888.00					
a di	g	Noncash contributions included	m lines 1a-1f \$						
	h	Total. Add lines 1a-1f	<u>, , , , , , , , , , , , , , , , , , , </u>		463,715.00				
2				Business Code					
949	2a	Other program re	venues		75.00				
Ř	ь								
کے	С								
Program Service Revenue	d								
E									
60	f	All other program service rev							
	9	Total Add lines 2a-2f		<u>.</u>	75.00				
	3	•	cluding divider	•					
	ŀ	and other similar amounts).							
	4	Income from investment of	•	•					
	5	Royalties	(i) Real	(ii) Personal			_		
		_		(II) FEIBOILE					
	6a	Gross rents							
	Ь	Less: rental expenses		0.00					
	C d	Rental income or (loss) Net rental income or (loss) .			0.00				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	0.00				
	•-	assets other than inventory	<u> </u>	(
	ь	Less: cost or other basis		 					
	. ~	and sales expenses		}					
	c	Gain or (loss)	0.00	0.00					
	ď	Net gain or (loss)			0.00				
	8a	Gross income from fundra	ilsina						
Other Revenue		events (not including \$							
% %		of contributions reported on	line 1c).						
eri		See Part IV, line 18	a						
Ş	. b	Less: direct expenses		L					
	С	Net income or (loss) from fu	ndraising events	<u> ▶</u>	0.00				
	9a	Gross income from gaming							
		See Part IV, line 19							
	1	Less: direct expenses		<u> </u>	0.00				
	C	Net income or (loss) from g	_	<u> </u>	0.00				
	10a	Gross sales of invento		07 511 00					
		returns and allowances		97,511.00 52,303.00					
	b	Less. cost of goods sold Net income or (loss) from sal			45,208.00				
	_ <u>_</u>	Miscellaneous Revenu		Business Code	33,200.00)				
	11a								
	ь			-					
	c								
	ď	All other revenue	• • • • • • •						
	•	Total. Add lines 11a-11d			0.00				
	12	Total revenue. See instruction			508,998.00	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. All other organizations must complete column (A).

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
<u>Do</u>	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
	9b, and 10b of Part VII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundresing expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	17,899.00	17,899.00	, ₊	<u> </u>						
2	Grants and other assistance to domestic			•	v						
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign				i						
4	individuals See Part IV, Ilnes 15 and 16										
	Benefits paid to or for members			•							
ь	Compensation of current officers, directors, trustees, and key employees	67,601.00	63,653.00	3,948.00							
	i	07,001.00	03,033.00	3, 340.00							
•	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	55,420.00	54,661.00	759.00							
	Pension plan accruals and contributions (include	05, 120.00	01,001.00								
•	section 401(k) and 403(b) employer contributions)		ļ								
9	Other employee benefits										
10	Payroll taxes	9,411.00	9,051.00	360.00	<u></u> "						
11	_ `										
	Management										
	Legal										
	Accounting	4,088.00	2,050.00	2,038.00							
	Lobbying										
	Professional fundralsing services See Part IV, line 17.										
1	Investment management fees										
_ 9	Other. (If line 11g amount exceeds 10% of line 25, column			•							
	(A) amount, list tine 11g expenses on Schedule O)	176,391.00	175,341.00								
12	Advertising and promotion	8,595.00	7,342.00	1,253.00							
13	Office expenses	6,882.00	3,561.00	3,321.00	 						
14	Information technology	9,282.00	2,838.00	6,444.00							
15	Royalties	14 000 00	4 074 00								
16	Occupancy	14,032.00	1,974.00								
17	Travel	59,291.00	57,828.00	1,463.00							
18	Payments of travel or entertainment expenses			1							
	for any federal, state, or local public officials	6,103.00	3,804.00	2,299.00							
19		891.00	3,804.00	891.00							
20 21	Interest	091,00		391.00	· - 						
22	Depreciation, depletion, and amortization	1,218.00	1,218.00								
23	Insurance	2,406.00		2,406.00							
24					- -						
- •	above (List miscellaneous expenses in line 24e. If			}							
	line 24e amount exceeds 10% of line 25, column		•								
	(A) amount, list line 24e expenses on Schedule O.)										
а	Bank & credit card charges	4,183.00	3,758.00	425.00							
	Printing & postage	20,890.00	20,887.00	3.00							
_	Other program expenses	51.00	51.00								
d	Other administrative expense	419.00		419.00							
0	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	465,053.00	425,916.00	39,137.00	0.00						
26	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										
JSÁ	following SOP 98-2 (ASC 958-720)				Form 990 (2015)						

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. . End of year Beginning of year 21,957.00 Cash - non-interest-bearing 1,648.00 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 423.00 6,381.00 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 7 144,609.00 135,030.00 8 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10,473.00 6,743.00 1,306.00 10c 3,730.00 11 Investments - other securities See Part V, line 11......... 12 12 Investments - program-related. See Part V, line 11 13 13 14 14 15 Other assets. See Part V, line 11 15 16 138,407.00 16 176,677.00 17 3,719.00 17 6,262.00 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties. 1,167.00 24 9,385.00 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 13,104.00 26 7,429.00 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ŏ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 125,303.00 32 169,248.00 Total net assets or fund balances 33 169,248.00 125,303.00 **33** Total liabilities and net assets/fund balances...... 138,407.00 34 176,677.00 Form 990 (2015) Page 12 Part XI **Reconcillation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 508,998.00 Total expenses (must equal Part IX, column (A), line 25) 2 465,053.00 Revenue less expenses. Subtract line 2 from line 1 3 43,945.00 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 125,303.00 4 5 6 6 Investment expenses ______ 7 7 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33. column (B)) . 169,248.00 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 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 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process-or selection process during the tax-year,-explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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

Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 Employer identification number

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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.)

<u> 280</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0.00	0.00	0.00	0.00	0.00	0.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on _ ,		<u>-</u>				- 0.00
10	Other Income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.00
11	Total support. Add lines 7 through 10			-			0.00
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here		<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup			44 4 (0)		441	0.0000.00
14 45	Public support percentage for 2015 (lin						0.0000%
15 16a	Public support percentage from 2014 331/3% support test - 2015. If the o						% chock
1 0 a	this box and stop here. The organization						
b	331/3% support test - 2014. If the ocheck this box and stop here. The organization	organization did	not check a be	ox on line 13 c	or 16a, and line	15 is 331/3%	or more,
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	2015. If the org meets the "fac the "facts-and-c	anization did no cts-and-circumsi ircumstances" to	ot check a box tances" test, ch est. The organia	on line 13, 16a eck tḥis box an zation qualifies	n, or 16b, and li nd stop here. E as a publicly su	ne 14 is xplain in
b	organization	2014. If the organization meets	janization did n the "facts-and	ot check a box d-circumstances	on line 13, 16a " test, check th	a, 16b, or 17a, his box and st o	op here.
18	supported organization	did not check a	box on line 13		or 17b, check	this box and see	∴ ▶` □
						chadula A /Form 9/	

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	228,768.00	187,370.00	288,246.00	215,042.00	463,715.00	1,383,141.00
2	Gross receipts from admissions, merchandise						
	sold or services parformed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	7,065.00	21,198.00	30,687.00	45,197.00	75.00	104,222.00
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.00
4	Tax revenues levied for the						
	organization's benefit and either paid		j				
	to or expended on its behalf						0.00
5	The value of services or facilities		-				
	furnished by a governmental unit to the						
	organization without charge						0.00
6	Total Add lines 1 through 5	235,833.00	208,568.00	318,933.00	260,239.00	463,790.00	1,487,363.00
7 a	Amounts included on lines 1, 2, and 3				_		
_	received from disqualified persons						0.00
D	Amounts included on lines 2 and 3 received from other than disqualified				•		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u>.</u>					0.00
c	Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8	Public support (Subtract line 7c from	. (s. *)	1 1 1 1 1		,		
	line 6.)		, ,		L		1,487,363.00
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	235,833.00	208,568.00	318,933.00	260,239.00	463,790.00	1,487,363.00
1V 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						0.00
	sources						0.00
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0 00
	acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
	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						
	(Explain In Part VI.)						0.00
13	Total support (Add lines 9, 10c, 11,						
	and 12)	235,833.00	208,568.00	318,933.00	260,239.00	463,790.00	1,487,363.00
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here			· · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8						00.0000 %_
16	Public support percentage from 2014 Sche			<u> </u>	<u></u>	16 1	<u>00.0000 %_</u>
	tion D. Computation of investmen						
17	Investment income percentage for 2015 (li			13, column (f))		17	0.0000 %
18	Investment income percentage from 2014		• • •			18	
19 a	331/3% support tests - 2015. If the org						
_	17 is not more than 331/3%, check th						
Ь	33 1/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check						
20 JŠA 5E122	Private foundation. If the organization	OID HOL CHECK	a DUX UN IINO	14, 198, OF 190			90 or 990-EZ) 2015

Post IV Supporting On

t IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yas," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		:
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a 	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail—in Part VI , including (i) the names and EIN-numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?		 	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IN Supporting Organizations (continued)			ege 5
rait	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Г		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	<u></u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year see in	struct	ons):	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	ı
_			Yes	
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	I

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? if "Yes," then in Part Vi identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0.00	0.00
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0.00	0.00
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	,		
instructions for short tax year or assets held for part of year):	-14-1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	0.00	0.00
d Total (add lines 1a, 1b, and 1c)	1d	0.00	0.00
e Discount claimed for blockage or other		1	
factors (explain in detail in Part VI):	+		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	0.00
3 Subtract line 2 from line 1d	3	0.00	0.00
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		0.00	
see instructions).	4	0.00	0.00
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0.00	0.00
6 Multiply line 5 by .035	6	0.00	0.00
7 Recoveries of prior-year distributions	7	0.00	0.00
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount	8	0.00	0.00 Current Year
			Current rear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0.00
2 Enter 85% of line 1	2		0.00
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u></u>	0.00
4 Enter greater of line 2 or line 3	4	•	0.00
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0.00
7 Check here if the current year is the organization's first as a non-functionally instructions)	/-integra	ted Type III supporting of	organization (see

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0.00
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			0.000000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2016
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	•		
3	Excess distributions carryover, if any, to 2015:			
a		· · · · · · · · · · · · · · · · · · ·		
<u>b</u>		in the first of the		
c		\$'	, ,	
d	From 2013	,	,	
е	From 2014		4	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount		,	
	Carryover from 2010 not applied (see instructions)	/ * *		·
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0.00	•	
4	Distributions for 2015 from Section	'		
	D, line 7. \$		· · · · · · · · · · · · · · · · · · ·	
a	Applied to underdistributions of prior years		! 	
<u>b</u>	Applied to 2015 distributable amount	1. 河外港区 5 下方	:	
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	0.00	٠,	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount	2 · 5 3		
	greater than zero, see instructions).		0.00	<u> </u>
6	Remaining underdistributions for 2015. Subtract lines 3h		•	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			0.00
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c.	0.00		
8	Breakdown of line 7:		•	
a				
<u>b</u>	· <u>····································</u>			
	Excess from 2013			
<u>d</u>	Excess from 2014		, ,	
e	Excess from 2015	17 6	•	

	Form 990 or 990-EZ) 2015 Page 8 Supplemental Information Provide the explanations required by Port II, line 10: Port II, line 17a or 17b; Part
Part VI	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E.
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
······································	
	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, line 8, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization		Employer identification number
ENV	IRONMENT FOR THE AMERICAS		20-5844470
Pa	rt I Organizations Maintaining Donor Adv	lsed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the		[] []
6	Did the organization inform all grantees, donors, a	<u> </u>	
	only for charitable purposes and not for the bene	0 0	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., rec	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	• • • • • • • • • • • • • • • • • • • •	2a
b	Total acreage restricted by conservation easements	s	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d.	Number of conservation easements included in (c	e) acquired after 8/17/06, and not-on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or termi	nated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
_		Anne benedice of deletions and a forest	
7	Amount of expenses incurred in monitoring, inspec	ting, nandling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line:	2(d) about nation, the requirements of exet	Han 470/N/4//D//D
0			
9	and section 170(h)(4)(B)(ii)?	conservation accompate in its revenue on	Yes L. No
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		cial statements that describes the
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected as permitted under S	FAS 116 (ASC 958) not to report in its	revenue statement and halance sheet
••	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, edu	ucation, or research in furtherance of
þ	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relat	on assets now for public exhibition, edi ina to these items:	ucation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1	<u> </u>	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1		▶s
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u></u> ▶ \$
For	Paperwork Reduction Act Notice, see the Instructions fo	r Form 980.	Schedule D (Form 990) 2016

								•
che	iule D (Form 990) 2015							Page 2
	t III Organizations Maintainin	Collections of	Art. Historical T	reasures.	or Othe	er Similar Asse	s (con	
3	Using the organization's acquisition							
-	collection items (check all that apply			it dilly or the		.g		
а	Public exhibition	<i>r</i>	d Doan	or exchange	program	s		
b	Scholarly research		e Other	_	F g			
C	Preservation for future genera	ations	- <u> </u>					
4	Provide a description of the organi		and explain how t	thev further	the oras	anization's exemp	sogrug	e in Part
	XIII.		-	,				
5	During the year, did the organization	n solicit or receive d	onations of art, hist	orical treasur	es. or of	her similar		
	assets to be sold to raise funds rathe						Yes	No
Par	t IV Escrow and Custodial Arr							
	Complete if the organization		" on Form 990, Pa	art IV, line 9	, or rep	orted an amount	on Fore	n
	990, Part X, line 21.		·		•			
1 a	Is the organization an agent, trustee	e, custodian or othe	or intermediary for o	ontributions	or other	assets not		
	included on Form 990, Part X?		· • • • • • • • • • • • • • • • • • • •			[Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tal	ole:				
						Amount		
C	Beginning balance			1c				
d	Additions during the year			1d				
8	Distributions during the year							
f								0.00
	Did the organization include an amo						Yes	No.
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanation	has been pro	ovided o	n Part XIII	<u></u>	
Par	Endowment Funds.	1 45 4			_			
	Complete if the organization					70-	4 5 =	
		(a) Current year	(b) Prior year	(c) Two years	B Dack	(d) Three years back	(e) Four	years back
	Beginning of year balance			 -				
	Contributions							
C	Net investment earnings, gains,]			
_	and losses							
	Grants or scholarships							
e	Other expenditures for facilities				l l			
	and programs							
	Administrative expenses	0.00	0.00		0.00	0.00		0.00
9	End of year balance					0.00		0.00
2 a	Provide the estimated percentage of Board designated or quasi-endowned	n the currentyear e ent ►	and barance (ime 19, %	column (a)) i	1810 as:			
b	Permanent endowment >	%	_^*					
	Temporarily restricted endowment 1							
•	The percentages on lines 2a, 2b, ar		00%					
3 a	Are there endowment funds not in the			are held and	adminis	tered for the		
	organization by:		3	wild			T ₁	es No
	(I) unrelated organizations						3a(i)	
	(II) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related						3b	
4	Describe in Part XIII the intended us	ses of the organizat	tion's endowment fui	nds.				
	Land, Buildings, and Equi	ment.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (c) Accumulated depreciation Description of property (b) Cost or other basis (d) Book value 1a Land 0.00 b Buildings 0.00 Leasehold improvements... 0.00 d Equipment 10,473.00 3,730.00 6,743.00 0.00

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).

Schedule D (Form 990) 2015

3,730.00

Schedule D (Form 990) 2015

JSA 5E1270 1 000

Part VII	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on.
(1) Financi	lal derivatives			
	y-held equity interests			
	·			
<u>(A)</u>		<u> </u>	***************************************	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	0.00		
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
_(2)				
(3)				
(4) (5)				
_(6)		<u> </u>		
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0.00		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)		· · · · · · · · · · · · · · · · · · ·		
<u>(3)</u> (4)		<u>-</u>		
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · ·
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B)	line 15.), , , ,	· · · · · · · · · · · · · · · · · · ·	0.0
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	9	
	eral income taxes			
(2)		_		
(3)				
(4)		 		
(6)				
(7)	 	_		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		.00	
2. Liability f	for uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements that	t reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	D (Form 990) 2015 .		Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
	Total revenue, gains, and other support per audited financial statements	11	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments	1	
	Donated services and use of facilities] [
	Recoveries of prior year grants]	
d	Other (Describe in Part XIII.)]	
	Add lines 2a through 2d	20	0.00
3	Subtract line 2e from line 1	3	0.00
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
	Other (Describe in Part XIII)	{	0.00
_	Add lines 4a and 4b	4c	0.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0.00
art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ura.	
		1	
1	Total expenses and losses per audited financial statements	- - -	
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
	Donated services and use of facilities	1	
	Other losses	1 1	
d	Other (Describe in Part XIII.)	1 1	
	Add lines 2a through 2d	2e	0.00
	Subtract line 2e from line 1	3	0.00
	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII)]	
C	Add lines 4a and 4b	4c	0.00
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0.00
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		Part X, line
			
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Schedule D (Fo	rm 990) 2015	Page (
Part XIII	m 990) 2015 Supplemental Information (continued)	
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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.

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

OMB No 1545-0047
2015
Open to Public Inspection

Employer identification number Name of the organization ENVIRONMENT FOR THE AMERICAS 20-5844470 Form 990 Section 1.263 (a)-1(f) De Minimis Safe Harbor Election: Under Regulation 1.263(a)~1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year. Form 990 Part VI Section B Line 11b - Review of form 990: The executive director reviews form 990 before it is filed. Form 990 Part VI Section B Line 15 - Compensation procedures: The board of directors reviews and approves and salary of the executive director. Form 990 Part VI Section C disclosure: The organization's incorporation documents are available at the Colorado Secretary of State's web site. There is no conflict of interest policy. The organization makes financial statements and form 990 and 1023 available to the public upon request.

Name of the organization	Employer identification number
ENVIRONMENT FOR THE AMERICAS	20-5844470
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