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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Dep	artment of	the Treasury us Service	Do not enter social security numbers on this form as it m Information about Form 990 and its instructions is at www	-	-		Open to F Inspect	
A			ndar year, or tax year beginning April 1 , 2015, and e			ch 31	, 20 16	
B			C Name of organization International Collaborative for Science, Education				er identification n	umber
Ø	Address		Doing business as	ı, ana ang i			22315 8263	
H	Name of	· ·	Number and street (or P.O. box if mail is not delivered to street address) Roo		E Telephor			
Ħ	Initial ret		466 Putnam Ave. Unit 1		İ		508 735 9176	
Ħ		n/terrinated	City or town, state or province, country, and ZIP or foreign postal code				000 100 0110	
Ħ	Amende		Cambridge MA 02139			G Gross re	ceipts \$	378376
Ħ.			F Name and address of principal officer Robert V Lange 466 Putnam Ave.	Hla	a) Is this a cr	roup return for s	subordinates? Yes	
_	, фрисце		Unit 1 Cambridge MA 02139			•	s included? Tyes	_
_	Tex-eve	npt status:	•		list. (see instruction			
<u>-</u>	Website				ic) Group	exemption	number ▶	
K			7 Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of fo		1991		of legal domicile:	MA
Р	art I	Summa			.,,,,			
_	1		scribe the organization's mission or most significant activities: The	ne ICSEE o	organize	es, advise	s and funds pro	ects in
Ф		-	d elsewhere. We introducee conservation measures in remote villages					
	l		vomen become experts in their villages in health improvement, conserv					
Governance	2		is box ▶☐ If the organization discontinued its operations or dispos					
8	3		of voting members of the governing body (Part VI, line 1a)			3		9
∞ 5	4		of independent voting members of the governing body (Part VI, line	1b) .		4		9
8	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)	-		5		0
Activities	6		nber of volunteers (estimate if necessary)			6		140
Ş.	7a		elated business revenue from Part VIII, column (C), line 12			7a		0
<u></u>			ated business taxable income from Form 990-T, line 34			70		0
3					Prior Ye		Current Yo	
	8	Contribut	tions and grants (Part VIII, line 1h)			364919		346124
Ž	9		service revenue (Part VIII, line 2g)			0		32220
e Ae	8 9 10	•	nt income (Part VIII, column (A), lines 3, 4, and 7d)			26		32
Œ,	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			11899		
2	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12			376844		378376
	G 3		nd similar amounts paid (Part IX, column (A), lines 1-3)			215990		378718
(14		paid to or for members (Part IX, column (A), line 4)			0		0
60	Ψ.,	•	other compensation, employee benefits (Part IX, column (A), lines 5-10	D)		0		0
386	16a		onal fundraising fees (Part IX, column (A), line 11e)			0		0
Expenses	b		draising expenses (Part IX, column (D), line 25) ► 1497					
ă	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-		34841		21928
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		.,	417361		415624
	19	Revenue	less expenses. Subtract line 18 from line 12 . Ric CETTE			(40517)		(37248)
_გ			دے ا		ning of Cu	rrent Year	End of Ye	
ate Fig.	20	Total asse	ets (Part X, line 16)	. (25)		111129		73881
200	21		ilities (Part X, line 26)	. O				
Not Assets or	22		ts or fund balances, Subtract line 21 from line 20	192		111129		73881
	art II		rure Block					
Ur	der pena		ry, I declare that I have examined this return, including accompanying schedules and	statements	, and to t	he best of r	ny knowledge and	belief, it is
			ete. Declaration of preparer (other than officer) is based on all information of which pro				,	
			Modert . In 1.			7/14/	16	
Sig	an Tu	Sign	ature of officer		Da	ite/		
He		10	YOBERT V. LANGE PRESIP	アイン	-			
		Туре	or print name and title	<u>-</u>				
Pa	id	Print/Typ	pe preparer's name Preparer's signature	Date		Check	if PTIN	
_		اس		}		self-em		
	epare		ame ▶		Firm	n's EIN ▶		
₩.	ie Onl		ddress ▶			ene no.		
Ma	the IF		s this return with the preparer shown above? (see instructions) .				Ye	s 🔲 No

Cat. No. 11282Y

For Paperwork Reduction Act Notice, see the separate instructions,



Part		
	·	
4	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	The International Collaborative for Science, Education, and the Environment, Inc. organizes, encourages, advises, and supports	
	projects in Africa and other regions which: Improve science and environmental education, lead to sustainable development,	
	protect the environment through conservation and renewable energy development, improve health, and expand educational	
	opportunity for traditionally under-served groups.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
	expenses. Section \$01(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	hers,
4a	(Code:) (Expenses \$ 162455 including grants of \$ 154319) (Revenue \$ 214053)	
	The Maasai Stoves and Solar Project:	
	This projects works with the Maasai of northern Tanzania. With the women of the villages of Monduli Juu, the ICSEE has design	red
	a wood stove which gets the smoke out of the houses, conserves wood, and lessens women's wood gathering labor. The local	
	people are being assisted in all aspects of stove production. The ICSEE is assisting women to start businesses for income to be	uy
	stoves for their families. Women's teams are being organized and trained to install and maintain stoves.	
	Photo voltaic systems for light are being introduced to eliminate kerosene burning as the primary light source in the Maasai hom	es.
	Ways to help the Maasai spread these benefits to many villages are being developed.	
	There are organizations in Kenya, Uganda, and Rwanda working with the ICSEE since the stove being produced in	
	Tanzania is suited to help solve health and conservation problems in these countries.	

4b	40000	
	(Codo: \/Evnancec C 93114 including grants at S 93114 (HeVANUE S 46030)	
70		
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70	Powering Potential: This project brings computer capacity to schools in small towns and remote settings in Tanzania. The first installation is in Kara	u in
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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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		✓
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		1
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a		1
b	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		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	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	110		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule Q, Parts XI and XII	12a		1
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		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	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	1	
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	1	
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		1
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		1
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
			₂ 990	(2015)

Part	Checklist of Required Schedules (continued)			
	First the approximation amounts are a second to entitle facilities of the first of		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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		✓
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 2? If "Yes," complete Schedule I, Parts I and III	22		▼
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
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		1
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		1
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		1
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,			
38	Part VI	37	1	/
		For	n 99 0	(2015)

Form **990** (2015)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ l		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	<u> </u>
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	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	1		İ
	account(7	48	√	
b	If "Yes," enter the name of the foreign country: ► Tanzania			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ĺ	1	
_	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Y
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
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	 -	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	
11	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders	┨	1	
b	Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	†	l	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	
b	Enter the amount of reserves the organization is required to maintain by the states in which		}	1
	the organization is licensed to issue qualified health plans]	1	1
C	Enter the amount of reserves on hand			L
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	I	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	truct	
Secti	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
0000	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 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 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	70		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
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	1	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118		1
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13	Did the organization have a written whistleblower policy?	12c		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Massachusetts 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.	501(c)(3)s	only)
19 20	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re			y, and
	Robert V. Lange 466 Putnam Ave. Unit 1 Cambridge MA 02139			

Form	990	(2015)	١

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		<u> </u>	
I	Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		Independent Contractors	

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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	bex,	unles	Pos reck is pe	rson	than o is both or/trust	an		(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee Individual trustee or director		Highest compensated employee Key employee Officer		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Joy de Beyer	3	1						0	0	0
(2) Donald Thieme	3	1		1				0	o	0
(3) Welling Katherine Yih	3	/		1					0	0
(4) Ali Ayoub Omar	11	1		/						0
(5) Robert V. Lange	45	1		1						0
(6) Robert Van Buskirk	20	1						0		0
(7) Eric Olson	1	1						0		0
(B) Kisioki Moitiko (manager in Tanzania)	50				1			0		10200
(9) Debra Strick (contractor)	15				1			0	0	10350
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title		(do n box, i	ot ch unies or and	Posi eck i s per d a di	tion more rson irecte	than o	ee)	(D) Reportable compensation from	(E) Reportable compensation from		Estime amour		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key emplo yse	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		organ	ensation ization related ization	1
(15)										. "				
(16)														
(17)														
(18)								\vdash						
(19)	,,,,,,,,							\vdash			-			
(20)								 -						
(21)								\vdash			\dashv	·		
(22)								-			_	_		
(23)								_						
(24)											_			-
(25)	***************************************		<u> </u>					_			\perp			
1b	Sub-total		<u> </u>			<u>.</u>								
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section		· ·	<u>.</u>			>	0		0			20550 20550
2	Total number of individuals (including bur reportable compensation from the organi		to th	ose	list	ed :	above	e) w	ho received m	ore than \$10	0,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compen	sated	3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual										 Vidual	4		1
Section	for services rendered to the organization in B. Independent Contractors	?	compl	ete	Sch	edi	ıle J 1	or s	such person			5		✓
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) ompens	ation	
													,	
2	Total number of independent contractor							th		ove) who				
	received more than \$100,000 of compens	auon mom	uie Of	yan	ZAT.	iON I			0			For	n 99 0	(2015)

Form **990** (2015)

	90 (201	•						Page 9
Par	VIII	Statement of Reve		manaa ar nata ta	any lina in this	Dort VIII		П
	.	Check if Schedule O	comains a res	ponse or note to	Total revenue	Retailed or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tex under sections 512-514
क क	1a	Federated campaigns	s 1a			 		
*, Grants	b	Membership dues .						
	C	Fundralsing events .						
Contributions, Gifts, and Other Similar A	d	Related organizations						
Contributions, Giff and Other Similar	e	Government grants (con		 			ļ	
를 들	f	All other contributions, g and similar amounts not inc		240404			ļ	
물충	_	Noncash contributions include		346124				
동물	9 h	Total. Add lines 1a-1		-	346124			
		Total Tido Inico Tu T		Business Code	340124			
Program Service Revenue	28	g-adventures tourist so	ervices		32220			
æ	b							
<u>Ş</u> .	С							
8	đ							
Ę	8							
₽ .	1	All other program ser		L			<u> </u>	<u> </u>
	3	Total Add lines 2a-2 Investment income	(including divid	lends interest			T	1
	•	and other similar amo			32			
	4	Income from investmen	•	ond proceeds ▶				
	5	Royalties		>				
	ł	•	(i) Real	(ii) Personal				
	6a	Gross rents			1			
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or	<u> </u>	>				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	Ь	Less: cost or other basis						
	~	and sales expenses .					1	
	c	Gain or (loss)		 				
	d	Net gain or (loss) .		· · · · >			1	1
_	ł							
Other Revenue	68	Gross income from fu	undraising					1
Ş		events (not including \$		İ			ľ	
Œ.		of contributions report			,			1
룓	_	See Part IV, line 18 .	_					į
ō		Less: direct expenses Net income or (loss) t		events . >				
		Gross income from ga		events . P				
		See Part IV, line 19 .						
	b	Less: direct expenses	-					
	С			tivities 🕨				
	10a	Gross sales of in						
		returns and allowance		·]			
		Less: cost of goods s		3				+
	C	Net income or (loss) t		Business Code			 	
	440	Miscellaneous F		DUNITES COOP	ł		 	
	11a	***********					 	
	C				 		 	1
	d	At other revenue .					†	
	e	Total. Add lines 11a-					1	
	12	Total revenue See i		•	270276		1	

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).						
	Check if Schedule O contains a respon			<u> </u>		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		378718			
4 5	Benefits paid to or for members					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9 10	Other employee benefits					
11 a	Fees for services (non-employees): Management					
D D	Legal			445 7032		
d e	Lobbying				A	
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion					
13	Office expenses			732		
14	Information technology		334		1586	
15	Royalties					
16	Occupancy					
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials		6760		327	
19 20	Conferences, conventions, and meetings Interest				1617	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance			1164		
24	Other expenses, Itemize expenses not covered 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.)					
9	hork charges		1308			
a h	contract labor		1308	3000	10350	
C.	research equipment		717	3550		
ď	utilities		l	1534		
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	415624	387837	13907	13880	
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 if following SOP 98-2 (ASC 958-720)					
	······································	·			Form 990 (2015)	

					1 1
	· · · · · ·	Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	111129	1	73881
;	2	Savings and temporary cash investments		2	
:	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net		4	
		Loans and other receivables from current and former officers, directors,			
ŀ		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			
1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
e		organizations (see Instructions). Complete Part II of Schedule L		6	
Assets		Notes and loans receivable, net		7	
A8		Inventories for sale or use		8	
		Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		l	
1	b	Less: accumulated depreciation 10b		10c	
11	11	Investments—publicly traded securities		11	
1:	12	Investments—other securities. See Part IV, line 11		12	·
1:	13	Investments-program-related. See Part IV, line 11		13	
1.	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
1		Total assets. Add lines 1 through 15 (must equal line 34)	111129	16	73881
1	17	Accounts payable and accrued expenses		17	
1		Grants payable		18	
1		Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
8 2		Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ag		disqualified persons. Complete Part II of Schedule L		22	
_ ~		Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on tines 17-24). Complete Part X			
		of Schedule D		25	
١,		Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ► □ and			0
Ses		complete lines 27 through 29, and lines 33 and 34.			
돌 2		Unrestricted net assets		27	<u> </u>
8 2		Temporarity restricted net assets		28	
밑 2		Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
क् 3	30	Capital stock or trust principal, or current funds		30	
8 3	31	Pald-in or capital surplus, or land, building, or equipment fund [31	
₹ 3		Retained earnings, endowment, accumulated income, or other funds .		32	
2 3		Total net assets or fund balances	111129		73881
	34	Total liabilities and net assets/fund balances		34	

		Pa	ge 12
_		3	7837 <u>6</u>
			15624
			7248)
		1	11129
_			
-			
-			
_			
			73881
_		Yes	No
1			
		ļ.,,,,,	
į	2a	-	
1	-		
	2h		1

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	<u> 78376</u>
2	Total expenses (must equal Part IX, column (A), fine 25)	2	 	4	<u>15624</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		(3	7248)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	<u>11129</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			73881
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• • •		
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	ni niak			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:		-	:	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d 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 ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain 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			
	the Single Audit Act and OMB Circular A-133?		38		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	n 990	(2015)

Form 990 (2015)

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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name	or the organization					Employer identification	number
Intern	national Collaborative for Science, Ed					22315	
Par							ns.
_	organization is not a private founda				-		
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(III). Enter the
47	hospital's name, city, and state						
5	An organization operated for the section 170(b)(1)(A)(iv). (Complete Complete	college or university	OWTHEC OF	r operate	o by a government	a unit described in	
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	An organization that normally described in section 170(b)(1)			port from	a goven	nmental unit or from	the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business to	certain daxable in	exception acome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	safety. S	See sec ti	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 5 (09(a)(1) O	section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	gularly appoint or ele				
b		-		naction w	ith ite eu	nnorted organization	(e) by baying
J	control or management of th	e supporting org	anization vested in th				
	organization(s). You must co	-				*** · · · · * * · · · · * * · · · · · ·	. taka a saka da 196
C	☐ Type III functionally integral its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in	t egrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integr						an attentiveness
	requirement (see Instructions						
e	Check this box if the organiz functionally integrated, or Ty						i, Type III
f	Enter the number of supported of	organizations .					[
9	Provide the following information	n about the supp	orted organization(s).	·			
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vii) Amount of other support (see instructions)
				Yes	No		
(A) ———							
(B)							
(C)							
(D)							
(E)			,				, , , , , , , , , , , , , , , , , , , ,
Tota							
1012	·	l	I	f	L	i	

Part							
	(Complete only if you checked the						lify under
Root	Part III. If the organization fails to on A. Public Support	quality unde	r the tests ils	ted below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Caren	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(6) 2013	(0) 2014	(e) 2015	(i) i Otai
	membership fees received. (Do not						
	include any "unusual grants.")	000000	222605	224 404	204040	270244	4570720
2	Tax revenues levied for the	262389	233605	331481	364919	378344	1570738
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add fines 1 through 3	262389	233605	331481	364919	378344	1570738
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on fine 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)		<u></u>		····		412002
80.04	Public support. Subtract line 5 from line 4.	L	L	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		L	1158736
	on B. Total Support	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(e) 2015	(f) Total
7	dar year (or fiscal year beginning in)		(b) 2012	(c) 2013	(d) 2014		
-		262389	233605	331481	364919	378344	1570738
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2	79	4	26	32	143
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1570881
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the			d, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line			1, column (f))		14	74 %
15	Public support percentage from 2014 Sci					15	68 %
16a	331/a% support test—2015. If the organi						
	box and stop here. The organization qua	•		•			. > 7
Ð	331/2% support test 2014. If the organ					15 18 33 776	
	check this box and stop here. The organ	•	•				. • 🗆
178	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta umstances" te	inces" test, ch	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of	tion meets the reets the	"facts-and-cs-and-circums	ircumstances" tances" test. T	test, check the The organization	nis box and st on qualifies as a	op here. a publiciy
	supported organization						. ▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Rievanus Service

➤ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.ira.gov/form990.

Open to Public Inspection

ame (of the organization					Employer ide	munication i	Idiliber
	ternational Collaborative for Sci	ience, Educati	on, and the En	vironment	1		3158263	-B
Par			es Outside 1	the United States. Comp	piete if the organi	zation ansv	vered "Ye	s" on
_	Form 990, Part IV, line			rule to authoropticto the area	numb of the grants	and other	····	
1	For grantmakers, Does the assistance, the grantees' eli-	organization	mainiain reco	ros to substantiate the arm eletance, and the coloction	oritoria used to	award the		
			_				✓ Yes	□No
	g. uo o. abolosaoo							
2	For grantmakers. Describe	in Part V t	he organizati	on's procedures for monit	toring the use o	f its grants	s and oth	ner
	assistance outside the Unite		J	•	· ·	_		
3	Activities per Region. (The fo	flowing Part I	. line 3 table o	an be duplicated if addition	nal space is need	ed.)		
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) if activity liste a program se		(f) To expenditu	
		region	agents, and	fundraising, program services,	describe specific service(s) in r	type of	and inves	tments
		1	independent contractors	investments, grants to recipients	service(s) in i	agion	urreg	JOH
			In region	located in the region)				
/43								320623
7.7	Sub Saharan Africa	2	16	program services	clean cookstoves	·		320023
(2)					photo voltaic sys	tems		
\-,					prioto volune sys			
(3)		<u> </u>			school computer	s .		
								•
(4)					educational supp	ort		
(5)					women's busines	ses		
(0)								
(6)	Middle East	0	0	program services	education, arts s	ports		37201
(7)					activities for chil	dron		
1-,					activides for criti	9,011		
(8)	Caribbean	0	0	program services	community deve	lopment		20894
(9)								
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(17)								
3a	Sub-total	 			 			
b								
	sheets to Part I		1					
C	Totals (add lines 3a and 3b)							378718

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash essistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance (f) Marmer of disbursement 219719 wire transfers 7790 wire transfers 20894 wire transfers 37201 bank transfer 93114 cash (b) Amount of cash grant computers in schools Health, electrification Educational Support Community Center (d) Purpose of grant **Youth Acitivities** home, business Children Center (c) Region Middle East Caribbean Africa Africa Africa (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 9 Ê 12 3 <u>N</u> න

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entitles

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15)

Schedule F (Form 990) 2015

Page	4

Part I	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Form organization (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization have an interest in a foreign trust during the tax year? If "Yes," the organization have be required to separately file Form 3520, Annual Return To Report Transactions With Form 3520-A, Annual Information Return of Formst With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	oreign o reign	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If the organization may be required to file Form 5471, Information Return of U.S. Persons With Resp Certain Foreign Corporations (see Instructions for Form 5471)	ect to	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company qualified electing fund during the tax year? If "Yes," the organization may be required to file Form Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electron (see Instructions for Form 8621)	8621,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If the organization may be required to file Form 8865, Return of U.S. Persons With Respect to C Foreign Partnerships (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax youngers," the organization may be required to separately file Form 5713, International Boycott Report Instructions for Form 5713; do not file with Form 990)	t (see	Ø No

,	
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
We stay in	close contact with the managers of the projects to which we give grants The primary grants are to projects run and managed by
the ICSEE I	eadership itself. Other projects submiet requests and reports at least once a year to the ICSEE mangement.


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### 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

The International Collaborative for Science, Education, and the Environment.	22315 8263				
990 Part III line 4d					
Aang Serian: Supporting Noonkodin school for Maasai youth in the Village of Eluwai, Mondui Juu, Ar	ısha, Tanzania				
Expenses: 0 Grants: 0 Revenue 165					
Education: Assisting with educational expenses:					
Expenses: 7790 Grants: 1790 Revenue 1790					
GRENED: Supporting education, women's organizations, and community organizing in Grenada					
Expenses: 20894 Grants: 20894 Revenue 21400					
Jifunze project: Supporting community development and education in Kibaya, Tanzania					
Expenses: 16186 Grants: 16065 Revenue 10032					
PEER project: Research into the techology and sociology of boma micro-grid development					
Expenses: 12898 Grants: 12268 Revenue 0					
Village Projects International: Developing innovative ways to bring renewable energy to rural African	Villages				
Expenses: 15189 Grants: 15067 Revenue 10328					
Maisha Bora Collaborative Enterprises: creating employment and environmentally conserving activity	ties and enterprises				
Expenses: 22110 Grants: 22000 Revenue 30000					
·					
Part VI line 11 Copies are supplied to all relevant persons after completion and submission					
Part VI line 19 Financial records and legal documents are mailed or attached to email for the use of	organizations or				
individuals participating or considering participation in efforts related to or dependent on ICSEE proje	cts. The public in general can				
request documents from the ICSEE, or view them when they are made available in pubic accessible si	les.				
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