DLN: 93493312019338 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

2017

Department of the Treasury Internal Revenue Service

foundations)

Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.IRS gov/form990

Open to Public Inspection

| | | C Name of organization | nning 01-01-2017 , and ending 12-3 | 1-2017 | D Employer | d = = 4.f. | |
|---|--|--|--|----------------------------------|--|------------|--|
| | ck if applica dress chang | DIE NORTH AMERICAN ASSOCIATION F | | | | | cation number |
| | me change | ENVIRONMENTAL EDUCATION INC | | | 23-715806 | 1 | |
| | tial return | Doing business as | | | | | |
| | al return/termi ended retur | | mail is not delivered to street address) Room/su | ıite | E Telephone n | umber | |
| | olication per | 2000 D CT NW NO E40 | | | (202) 419- | 0412 | |
| | | City or town, state or province, cou WASHINGTON, DC 200366921 | untry, and ZIP or foreign postal code | | | | |
| | | · | | | G Gross receip | ts \$ 4,: | 160,577 |
| | | F Name and address of princip JUDY BRAUS | al officer | | a group returi | n for | |
| | | 2000 P ST NW NO 540 | | | dinates? subordinates | | □Yes ☑No |
| Tax | c-exempt st | WASHINGTON, DC 200366921 | | includ | ed? | | ☐ Yes ☐No |
| | | ☑ 501(c)(3) ☐ 501(c)() ◀ | (insert no) 4947(a)(1) or 527 | | attach a list," exemption nu | • | • |
| W | ebsite: ▶ | WWW NAAEE ORG | | Group | exemption nu | mberi | |
| Forn | n of organiz | ation 🗹 Corporation 🗌 Trust 🔲 Ass | occation Other | L Year of forma | | | of legal domicile |
| . 1 0111 | i or organiz | adon El Corporation El Trust El Ass | octation — other p | | OH | l | |
| Pa | | ummary | | | | | |
| | | y describe the organization's mission | or most significant activities ENVIRONMENTAL EDUCATION SUPPORTS | LEVDEDONID | AND EVELLER | ICE IN | I ENIVIDONMENTAL |
| | | | TANCE TO PARTNER ORGANIZATIONS, MA | | | | |
| 2 | | | /IRONMENTAL EDUCATORS IN CANADÁ, T | | | | |
| Ē | | | | | | | |
| 2 | | | | | | | |
| S. | 3 Char | k this box • I if the organization d | iscontinued its operations or disposed of n | aara than 35% | of its not asso | +- | |
| , 5 | | | ing body (Part VI, line 1a) | | or its net asse | Ïз I | 13 |
| Λ b | | | of the governing body (Part VI, line 1b) | | _ | 4 | 12 |
| Ę | | · • | alendar year 2017 (Part V, line 2a) | | • | 5 | 16 |
| 5 | | • • | | | • | 6 | |
| ť | | • | ecessary) | | • | - | 500 |
| | | | rt VIII, column (C), line 12 | | • | 7a | 0 |
| | b Net | unrelated business taxable income fro | om Form 990-T, line 34 | | • | 7b | 0 |
| | | | | Pri | or Year | | Current Year |
| a. | 8 Cont | ributions and grants (Part VIII, line 1 | h) | | 2,724,798 | l | 3,068,668 |
| -¥i | | • | | | 2,721,730 | | 3,000,000 |
| in Lie | _ | ram service revenue (Part VIII, line 2 | • | | 1,153,352 | | 798,917 |
| Ravenuk | 10 Inve | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) | , lines 3, 4, and 7d) | | 1,153,352 2,564 | | 798,917 4,852 |
| Ravenue | 10 Inve | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) r revenue (Part VIII, column (A), line | , lines 3, 4, and 7d) | | 1,153,352 2,564 2,956 | | 798,917 4,852 285,492 |
| Ravenu | 10 Inve11 Othe12 Tota | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) er revenue (Part VIII, column (A), line l revenue—add lines 8 through 11 (m | , lines 3, 4, and 7d) | | 1,153,352 2,564 2,956 3,883,670 | | 798,917 4,852 285,492 4,157,929 |
| Revenue | 10 Inve11 Othe12 Tota13 Gran | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) er revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m ets and similar amounts paid (Part IX, | ust equal Part VIII, column (A), line 12) | | 1,153,352 2,564 2,956 | | 798,917 4,852 285,492 |
| | 10 Inve11 Othe12 Tota13 Gran14 Bene | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) er revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m ets and similar amounts paid (Part IX, efits paid to or for members (Part IX, | ust equal Part VIII, column (A), line 12) column (A), lines 1–3) | | 1,153,352 2,564 2,956 3,883,670 606,181 | | 798,917 4,852 285,492 4,157,929 668,226 |
| | 10 Inve11 Othe12 Tota13 Gran14 Bene15 Salar | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A) ir revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (mits and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee b | ust equal Part VIII, column (A), line 12) column (A), lines 1–3) | | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 | | 798,917 4,852 285,492 4,157,929 |
| | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16a Prof | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line revenue (Part VIII, column (A), line l revenue—add lines 8 through 11 (m ets and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, cole | ust equal Part VIII, column (A), line 12) column (A), lines 1–3) column (A), line 4) enefits (Part IX, column (A), lines 5–10) umn (A), line 11e) | | 1,153,352 2,564 2,956 3,883,670 606,181 | | 798,917 4,852 285,492 4,157,929 668,226 |
| Expenses Revenue | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16a Prof b Total | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (m) ats and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, column (D), fundraising expenses (Part IX, column (D), | ust equal Part VIII, column (A), line 12) column (A), lines 1–3) column (A), line 4) enefits (Part IX, column (A), lines 5–10) umn (A), line 11e) line 25) 145,771 | | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 | | 798,917 4,852 285,492 4,157,929 668,226 (1,079,552 |
| | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Salat 16a Profe b Total 17 Othe | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (m lits and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimn fundraising expenses (Part IX, column (D), er expenses (Part IX, column (A), lines | , lines 3, 4, and 7d) | | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 | | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 |
| | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Salan 16a Profe b Total 17 Othe 18 Total | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line I revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m its and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimidating expenses (Part IX, column (D), er expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must equal to the state of the service of the servic | , lines 3, 4, and 7d) | | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 | | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 0 1,770,662 3,518,440 |
| Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Salan 16a Profe b Total 17 Othe 18 Total | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (m lits and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimn fundraising expenses (Part IX, column (D), er expenses (Part IX, column (A), lines | , lines 3, 4, and 7d) | Beginning | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 | | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 |
| Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Salan 16a Profe b Total 17 Othe 18 Total | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line I revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m its and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimidating expenses (Part IX, column (D), er expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must equal to the state of the service of the servic | , lines 3, 4, and 7d) | Beginning | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 | | 798,917 4,852 285,492 4,157,929 668,226 1,079,552 0 1,770,662 3,518,440 639,489 |
| Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Salat 16a Profe b Total 17 Othe 18 Tota 19 Reve | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line I revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m its and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimidating expenses (Part IX, column (D), er expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must equal to the state of the service of the servic | , lines 3, 4, and 7d) | Beginning | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 | | 798,917 4,852 285,492 4,157,929 668,226 1,079,552 0 1,770,662 3,518,440 639,489 |
| Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16 Tota 17 Othe 18 Tota 19 Reve 20 Tota | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (m) ats and similar amounts paid (Part IX, effits paid to or for members (Part IX, ries, other compensation, employee beessional fundraising fees (Part IX, colifundraising expenses (Part IX, column (D), er expenses (Part IX, column (A), lines 1 expenses Add lines 13–17 (must expense less expenses Subtract line 18 femue less expenses Subtract line 18 femue less expenses | , lines 3, 4, and 7d) | Beginning | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 of Current Year | | 798,917 4,852 285,492 4,157,929 668,226 1,079,552 0 1,770,662 3,518,440 639,489 End of Year |
| Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16 Tota 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (musts and similar amounts paid (Part IX, effits paid to or for members (Part IX, ries, other compensation, employee beessional fundraising fees (Part IX, column fundraising expenses (Part IX, column (D), er expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must expense sexpenses Subtract line 18 for lassets (Part X, line 16) | , lines 3, 4, and 7d) | Beginning | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 of Current Year | | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 0 1,770,662 3,518,440 639,489 End of Year |
| Fund Balances Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16a Prof b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line 1 revenue (Part VIII, column (A), line 1 revenue—add lines 8 through 11 (m) its and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee be essional fundraising fees (Part IX, colimidarising expenses (Part IX, column (D), lines expenses (Part IX, column (A), lines 1 expenses Add lines 13–17 (must expense sexpenses Subtract line 18 for assets (Part X, line 16) | , lines 3, 4, and 7d) | | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 of Current Year 2,349,364 365,133 1,984,231 | | 798,917 4,852 285,492 4,157,929 668,226 1,079,552 0 1,770,662 3,518,440 639,489 End of Year 3,129,030 505,365 2,623,665 |
| Fund Balances Expenses | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16a Profi b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net 3 penalties | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line I revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m its and similar amounts paid (Part IX, ries, other compensation, employee bessional fundraising fees (Part IX, colimidational fundraising expenses (Part IX, column (D), ar expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must expense sexpenses Subtract line 18 for assets (Part X, line 16) | , lines 3, 4, and 7d) | schedules and | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 of Current Year 2,349,364 365,133 1,984,231 statements, a | nd to 1 | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 0 1,770,662 3,518,440 639,489 End of Year 3,129,030 505,365 2,623,665 |
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| Land Balances Exp @18 @8 | 10 Inve 11 Othe 12 Tota 13 Gran 14 Bene 15 Sala 16a Profi b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a 11 Sepanalties edge and nowledge | ram service revenue (Part VIII, line 2 stment income (Part VIII, column (A), line I revenue (Part VIII, column (A), line I revenue—add lines 8 through 11 (m) its and similar amounts paid (Part IX, efits paid to or for members (Part IX, ries, other compensation, employee be essional fundraising fees (Part IX, colimidraising expenses (Part IX, column (D), lines of expenses (Part IX, column (A), lines I expenses Add lines 13–17 (must expense sexpenses Subtract line 18 for assets or fund balances Subtract line in the sexpenses of perjury, I declare that I have exampled in the sexpense of officer I strue, correct, and complet the sexpense of officer I strue of officer I stru | , lines 3, 4, and 7d) | schedules and cer) is based o | 1,153,352 2,564 2,956 3,883,670 606,181 0 900,829 0 1,720,613 3,227,623 656,047 of Current Year 2,349,364 365,133 1,984,231 statements, a an all information | nd to t | 798,917 4,852 285,492 4,157,929 668,226 0 1,079,552 0 1,770,662 3,518,440 639,489 End of Year 3,129,030 505,365 2,623,665 the best of my |

For Paperwork Reduction Act Notice, see the separate instructions.

ALEXANDRIA, VA 223142301

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's address ► 419 N LEE ST

Preparer

Use Only

☑ Yes ☐ No

Firm's EIN ► 39-0974031

Phone no (703) 519-0990

| Form | 990 (2017) | | | | | Page 2 |
|--------------|---|---------------------------------------|------------------------------|---|--|-------------------------------------|
| Par | t IIII Statement | of Program Servic | e Accomplis | hments | | |
| | Check If Sche | dule O contains a respo | nse or note to | any line in this Part III | | 🗹 |
| 1 | | organization's mission | | | | |
| EDU(BUIL | CATION, PROVIDES TE DS THE CAPACITY OF | CHNICAL ASSISTANCE ENVIRONMENTAL EDUC | TO PARTNER O ATORS IN CAN | RGANIZATIONS, MAKES ADA, THE UNITED STAT | ADERSHIP AND EXCELLENCE IN EN S SIGNIFICANT INVESTMENTS TO A FES, AND MEXICO OUR MISSION I ND SUSTAINABLE FUTURE FOR AL | ADVANCE THE FIELD, AND S TO ADVANCE |
| 2 | Did the organization | undertake any significa | nt program ser | vices during the year w | hich were not listed on | |
| | the prior Form 990 o | or 990-EZ? | | | | ☐ Yes 🗹 No |
| | If "Yes," describe the | ese new services on Sch | edule O | | | |
| 3 | Did the organization | cease conducting, or m | ake significant | changes in how it condi | ucts, any program | |
| | services? If "Yes," describe the | ese changes on Schedul | | | | ☐ Yes 🗹 No |
| 4 | Section 501(c)(3) an | | ns are required | to report the amount of | largest program services, as meas of grants and allocations to others, | |
| 4a | (Code |) (Expenses \$ | 3,095,029 | including grants of \$ | 668,226) (Revenue \$ | 806,801) |
| | See Additional Data | | | | | , , |
| | - | | | | | |
| 4b | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | · - | ces (Describe in Schedu | • | | | |
| | (Expenses \$ | ınclı | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses > | 3,095,0 | 29 | | |

Checklist of Required Schedules

Page 3

No

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Nο Nο Nο Nο Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

Νo

Nο

No

Nο

Form **990** (2017)

6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space, 8 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

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

complete Schedule G, Part III

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

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| Form 990 (2017) | | | | | | | |
|--|-----------------------|-----|----|--|--|--|--|
| Part IV Checklist of Required Schedules (continued) | | | | | | | |
| | | Yes | No | | | | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Sch | edule H 20a | | No | | | | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial state | ments to this return? | | | | | | |

| • | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | |
|---|---|-----|-----|
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| | 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 | Yes |

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

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35a

35h

36

37

Yes

Form 990 (2017)

Yes

Νo

No

Nο

Νo

Nο

| rm ر | 990 (2017) | | | Page ! |
|------|--|----------|----------------|--------|
| Par | t 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 | <u> </u> | <u> </u> | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 62 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b | _ | | |
| | | 4 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | 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 | - | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | 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) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| · | In 163, to line 3a of 3b, did the organization file Form 6000-17 | 5c | | |
| | 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 | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | 79 | | |
| •• | 1098-C? | 7h | | |
| | 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 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | - | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | 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 | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | 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 | | _ _ | |
| b | | | | 1 |
| | Enter the amount of reserves on hand |] | 1 | |
| С | Enter the amount of reserves on hand | 14a | | No |

| orm 9 | 990 (2017) | | | Page 6 |
|-------|--|------------|-----------|---------------|
| Part | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | · | nse to li | |
| Car | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Sec | ction 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 13 | | 163 | 110 |
| | 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 12 | | | |
| | 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 | | No |
| | 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| | 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 | | No |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | ., | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| | Did the organization have a written whistleblower policy? | 13 | Yes | |
| | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| | 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | 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 | | No |
| | 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 | | |
| Sec | ction C. Disclosure | | | |
| | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| L8 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | 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 interest | | | |
| | policy, and 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 records | | | |
| | ► KATRINA SWEENEY 2000 P ST NW STE 540 WASHINGTON, DC 200366921 (202) 419-0412 | - | | 0 (2017) |

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, or 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 co List persons in the following order individual trus compensated employees, and former such perso | stees or directo | | _ | | | | | - | | |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| Check this box if neither the organization no | | rganızat | ion c | omp | ens | ated a | ny c | current officer, dire | ctor, or trustee | |
| (A) Name and Title | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations |
| (1) CHARLOTTE CLARK PRESIDENT | 1 00 | х | | × | | | | 0 | o | 0 |
| (2) JEFF TARBERT VICE PRESIDENT | 1 00 | х | | х | | | | 0 | 0 | 0 |
| (3) MARY FORD TREASURER | 1 00 | Х | | х | | | | 0 | 0 | 0 |
| (4) SUE MCGUIRE SECRETARY | 1 00 | Х | | x | | | | 0 | 0 | 0 |
| (5) STEVE PEMBERTON DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (6) LIZ FOGEL DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (7) CLARK BYRUM DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (8) PEPE MARCOS-IGA DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (9) JAIME GONZALEZ DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (10) WILL PARISH DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (11) KIM MOORE BAILEY DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (12) BILL STREET DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (13) JUDY BRAUS EXECUTIVE DIRECTOR | 40 00 | х | | х | | | | 150,000 | 0 | 22,067 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours | than o | one bo | ox, u an of | ot che unles fficer | neck mo ess pers er and a tee) | son | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | Estima amount of compens from t | ated of other sation the |
|--|---|-----------------------------------|------------------------|----------------|---------------------------|---|----------|---|--|----------------------------------|-----------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | In stitutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organizati relate organiza | ed |
| | | <u> </u> | <u> </u> | \downarrow | <u> </u> | | ⊥' | | | <u> </u> | |
| | | <u> </u> | | | | | ' | | | | |
| | | | Γ_' | | | | Ţ_' | | | | |
| | | | | | | | | | | | |
| | | | | | | | \prod' | | | | |
| | | | | | | | ' | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-Total | | | | | | | <u>—</u> | | | | |
| c Total from continuation sheets to Pa d Total (add lines 1b and 1c) | • | | | | | > - | — | 150,000 | 0 | | 22,067 |
| Total number of individuals (including of reportable compensation from the compensation) | but not limited | to thos | | | | e) who |) rec | | 00,000 | | |
| | | | | — | — | | | | | Yes | No |
| 3 Did the organization list any former of line 1a? If "Yes" complete Schedule 1 | , | | ee, k | ey e | :mpl | oyee, | or hi | ghest compensated | employee on | | |

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization ▶ 2

1

COSI INC

33 W BROAD ST

COLUMBUS, OH 432152738 TAMARACK MEDIA COOPERATIVE INC

209 COLLEGE ST STE 3W

| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1 | | | |
|---|---|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. | _ | ., | |

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

from the organization Report compensation for the calendar year ending with or within the organization's tax year

| | of reportable compensation from the organization $ ightharpoons$ 1 | | | |
|---|--|---|-----|----|
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | |

BURLINGTON, VT 054018394 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Νo

143,272

132,730

(C)

Compensation

5

(B)

Description of services

PROGRAM EVALUATION

WEB DESIGN AND SUPPORT

| | 990 (2017) | | | | | | | Page 9 |
|---|---|--------------|-----------------------|-----------------|----------|---|--------------------------------|--|
| Part | VIII Statement of Revenue Check if Schedule O contains a | roene | ance or note to any | lina in thia Di | ort VIII | | | П |
| | Check if Schedule O contains a | respo | nise of flote to ally | (A) Total rever | | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a Federated campaigns | 1a | | | | revenue | | 512-514 |
| nts | b Membership dues | 1 b | | | | | | |
| s, Grants Amounts | c Fundraising events | 1c | | | | | | |
| ffs. r A | | 1 d | | | | | | |
| ila Sir | e Government grants (contributions) | 1e | 1,922,168 | | | | | |
| Sin'S | f All other contributions, gifts, grants, and similar amounts not included | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | above | 1f | 1,146,500 | | | | | |
| i i i | g Noncash contributions included in lines 1a-1f \$ | | | | | | | |
| Contained and | h Total.Add lines 1a-1f | | • | 3,068, | 560 | | | |
| | | | Business | <u>-</u> | | | | |
| ษาแ | 2a ENVIRONMENTAL EDUCATIO | | | 541620 | 642 | 2,635 6 | 42,635 | |
| æ | b CONFERENCE REVENUE | | | 541620 | | · | 80,389 | |
| MCe | C MEMBERSHIP DUES | | | 541620 | 75 | 5,893 | 75,893 | |
| Ser | d | _ | | | | | | |
| Program Service Revenue | f All other program convex revenue | _ | | | | | | |
| ¥og | f All other program service revenue | | 7 | 98,917 | | | | |
| | gTotal.Add lines 2a-2f | | | 1 | 1 | | | |
| | 3 Investment income (including divide similar amounts) | | • | | 4,852 | | | 4,852 |
| | 4 Income from investment of tax-exe | | | | | | | |
| | 5 Royalties | | ▶ (II) Personal | | | | | |
| | 6a Gross rents | | (II) I ersonal | 1 | | | | |
| | L Logo rental evnences | | | 1 | | | | |
| | b Less rental expenses | | | | | | | |
| | c Rental income or (loss) | | | 1 | | | | |
| | <u></u> | | | } | | | | |
| | (ı) Securit | ies | (II) Other | | | | | |
| | 7a Gross amount from sales of | | | | | | | |
| | assets other than inventory | | | | | | | |
| | b Less cost or | | | 1 | | | | |
| | other basis and sales expenses | | | | | | | |
| | C Gain or (loss) | | | 4 | | | | |
| | d Net gain or (loss) 8a Gross income from fundraising eve | | <u> </u> | 1 | | | | |
| e n | (not including \$ | of | | | | | | |
| /en | contributions reported on line 1c) See Part IV, line 18 | a | | | | | | |
| Other Revenue | b Less direct expenses | ь | |] | | | | |
| ıer | c Net income or (loss) from fundrais | - 1 | ents 🕨 | | | | | |
| o E | 9a Gross income from gaming activitients See Part IV, line 19 | es | | | | | | |
| | | a | | | | | | |
| | b Less direct expenses | b | |] | | | | |
| | c Net income or (loss) from gaming 10aGross sales of inventory, less | activiti | les > | | | | | |
| | returns and allowances | - (| 10.533 | | | | | |
| | b Less cost of goods sold | a b | 10,532 2,648 | - | | | | |
| | C Net income or (loss) from sales of | L | · | _ | 7,884 | 7,88 | 34 | |
| | Miscellaneous Revenue | | Business Code | | | | | |
| | 11aINSURANCE PROCEEDS FRO | | 900099 | 7 | 277,608 | | | 277,608 |
| | | | • | | | | | |
| | b | | | | | | | |
| | | | | | | | | |
| | С | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | <u> </u> | | | | | |
| | 12 Total revenue. See Instructions | | | | 277,608 | | 1 | |
| | | | · • | 4, | 157,929 | 806,80 | 01 | 0 282,460 Form 990 (2017) |

| Forr | n 990 (2017) | | | | Page 10 |
|------|---|-----------------------|------------------------------|---|--|
| | ITLIX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col | olumns All other orga | anizations must comp | olete column (A) | |
| | Check if Schedule O contains a response or note to any | _ | • | . , | 🗹 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 629,627 | 629,627 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 38,599 | 38,599 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 172,067 | 86,034 | 60,223 | 25,810 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 757,520 | 656,824 | 58,752 | 41,944 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 20,806 | 19,076 | 845 | 885 |
| 9 | Other employee benefits | 58,369 | 51,532 | 3,843 | 2,994 |
| 10 | Payroll taxes | 70,790 | 57,085 | 8,678 | 5,027 |
| 11 | Fees for services (non-employees) | | | | |
| a | a Management | | | | |
| t | o Legal | | | | |
| c | C Accounting | 52,900 | | 52,900 | |
| ď | d Lobbying | | | | |
| € | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| Q | GOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 781,090 | 734,136 | 21,186 | 25,768 |
| 12 | Advertising and promotion | 5,958 | 4,804 | 731 | 423 |
| 13 | Office expenses | 188,228 | 152,138 | 22,853 | 13,237 |
| 14 | Information technology | 183,896 | 171,663 | 6,250 | 5,983 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 46,026 | 37,116 | 5,642 | 3,268 |
| | Travel | 429,278 | 374,489 | 34,864 | 19,925 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | 73,661 | 73,661 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 7,125 | 5,745 | 873 | 507 |
| 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) | | | | |
| i | a DUES AND SUBSCRIPTIONS | 2,500 | 2,500 | | <u> </u> |
| l | | | | | |
| | b | | | | |
| | C | | | | |
| | d | | | | |
| | e All other expenses | 3.510.440 | 3 005 030 | 277.640 | 145 771 |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,518,440 | 3,095,029 | 277,640 | 145,771 |

Form **990** (2017)

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)

1

2 3

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16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

253,194

15,000 1,118,465

52.557

7.794

3.129.030

370,368

134,997

505,365

1.956.453

667.212

2,623,665

3.129.030

Form **990** (2017)

1.682.020

Page **11**

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

| | Beginning of year | | End of year |
|--|-------------------|---|-------------|
| Cash-non-interest-bearing | 260,196 | 1 | |
| Savings and temporary cash investments | 918,145 | 2 | 1, |
| Pledges and grants receivable, net | 365,000 | 3 | |
| Accounts receivable, net | 751.144 | 4 | 1. |

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L

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

4 Part II of Schedule L . . .

Assets

Notes and loans receivable, net .

Inventories for sale or use .

Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10b

10a Land, buildings, and equipment cost or other b Less accumulated depreciation 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

5

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10c

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22 23

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32

33

34

2.648

44.566

7.665

2,349,364

273,739

91,394

365,133

1.359,847

624.384

1,984,231

2.349.364

| , | investment expenses | , | | | |
|-----|---|------|----|-----|----------|
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 2 | ,623,665 |
| Par | t XII 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 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Voc ' check a hav below to indicate whether the financial statements for the year were compiled or reviewed | on 2 | | | |

Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Consolidated basis

Separate basis ☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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 the Single

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-7158061

Name: NORTH AMERICAN ASSOCIATION FOR

ENVIRONMENTAL EDUCATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE NORTH AMERICAN ASSOCIATION FOR ENVIRONMENTAL EDUCATION (NAAEE) IS THE PROFESSIONAL ASSOCIATION FOR THE FIELD OF ENVIRONMENTAL EDUCATION AND WORKS TO SUPPORT AND STRENGTHEN ENVIRONMENTAL EDUCATION IN NORTH AMERICA AND BEYOND. WE HAVE THREE KEY STRATEGIC OBJECTIVES. DRIVING EXCELLENCE, CULTIVATING COLLECT IMPACT, AND MOBILIZING MULTI-SECTOR SUPPORT. WE ARE THE LEAD ON THE NEW FIVE-YEAR NATIONAL ENVIRONMENTAL EDUCATION TRAINING PROGRAM, CALLED EE360, WHICH IS DESIGNED TO HELP STRENGTHEN THE FIELD, SUPPORT A FIELD-WIDE TECHNOLOGY PLATFORM, AND TRAIN A CADRE OF EDUCATORS TO DELIVER HIGH-OUALITY ENVIRONMENTAL EDUCATION PROGRAMS. THE NEW INITIATIVE KICKED OFF IN JANUARY 2017, AND IS A COOPERATIVE AGREEMENT WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY AND INVOLVES A CONSORTIUM OF NON-PROFIT AND FEDERAL PARTNERS AND ADVISORS CONDUCTED A MAJOR PORTION OF THE ACTIVITIES FOR THE U.S. ENVIRONMENTAL PROTECTION AGENCY. WE ALSO COMPLETED OUR ROLE AS A KEY PARTNER IN THE FORMER FIVE-YEAR NATIONAL ENVIRONMENTAL EDUCATION TRAINING PROJECT. WHICH WAS CALLED EECAPACITY (THE PREVIOUS TRAINING PROJECT WAS CALLED EETAP) AS A MAJOR PARTNER IN THE PROGRAM, NAAEE PROVIDED THE WEB PORTAL FOR ENVIRONMENTAL EDUCATION ON THE INTERNET (EE-LINK) AND HELPED DEVELOP A NEW PORTAL CALLED EEPRO. HELPED SUPPORT CERTIFICATION EFFORTS TO STRENGTHEN QUALITY IN THE FIELD. WORKING WITH OUR STATE AFFILIATES. CONTINUED TO PROMOTE THE NATIONAL GUIDELINES FOR EXCELLENCE IN ENVIRONMENTAL EDUCATION AND HELP BUILD CAPACITY OF PROFESSIONAL ENVIRONMENTAL EDUCATORS, AND ASSISTED STATE AND REGIONAL ENVIRONMENTAL EDUCATION ASSOCIATIONS WITH PROFESSIONAL DEVELOPMENT AND CAPACITY BUILDING WE ALSO CONTINUED TO WORK ON A NEW SET OF GUIDELINES FOCUSED ON COMMUNITY ENGAGEMENT, WHICH WAS PUBLISHED IN 2017 NAAEE CONDUCTED A VIRTUAL CONFERENCE IN OCTOBER 2017, GIVEN THAT HURRICANE MARIA DEVASTATED PUERTO RICO AND WE WERE FORCED TO CANCEL OUR ANNUAL CONFERENCE NAAEE AND ITS AFFILIATE NETWORK HAVE MORE THAN 20,000 MEMBERS AND SUPPORTERS, AND REACH MORE THAN 150,000 PROFESSIONALS ACROSS NORTH AMERICA AND BEYOND WE SEND OUT EENEWS AND EEJOBS TWENTY TIMES A YEAR, REACHING MORE THAN 10,000 READERS AND ALSO HAVE AN ACTIVE SOCIAL MEDIA PRESENCE THROUGH FACEBOOK, TWITTER, STORIFY, AND INSTAGRAM. THE NATURAL START ALLIANCE IS NAAEE'S INITIATIVE TO ADVANCE EARLY CHILDHOOD. ENVIRONMENTAL EDUCATION THE ALLIANCE HELPS SUPPORT RESEARCH IN EARLY CHILDHOOD ENVIRONMENTAL EDUCATION AND ADVOCATE FOR POLICIES THAT GET YOUNG CHILDREN OUTDOORS PLAYING AND LEARNING IN NATURE. PROVIDING AND PROMOTING OPPORTUNITIES FOR EDUCATORS TO DEVELOP SKILLS IN EARLY CHILDHOOD ENVIRONMENTAL EDUCATION, AND BUILDING A PROFESSIONAL NETWORK OF EDUCATORS WHO SPECIALIZE IN BOTH EARLY CHILDHOOD AND ENVIRONMENTAL EDUCATION THE ALLIANCE INCLUDES MORE THAN 400 ORGANIZATIONS, INCLUDING MORE THAN 200 NATURE-BASED PRESCHOOLS, SUPPORTS AN ANNUAL CONFERENCE TO BRING NATURE-BASED EARLY CHILDHOOD EDUCATORS TOGETHER. AND HOSTS A VARIETY OF NETWORKING OPPORTUNITIES AT THE NAAEE ANNUAL CONFERENCE SINCE 2014, NAAEE HAS PARTNERED WITH UNDERWRITERS LABORATORIES (UL), THE RENOWNED SAFETY SCIENCE COMPANY, TO PROMOTE E-STEM LEARNING E-STEM INTEGRATES ENVIRONMENTAL EDUCATION INTO STEM LEARNING NAAEE AND UL LAUNCHED THE UL INNOVATIVE EDUCATION AWARD. DESIGNED TO PROMOTE OUTSTANDING NONPROFIT ESTEM PROGRAMS IN THE UNITED STATES AND CANADA. THE PROGRAM WAS DESIGNED TO ADDRESS THE KEY THEMES, GAPS, AND CHALLENGES BEING CONDUCTED BY NONPROFIT ORGANIZATIONS THAT ENGAGE YOUTH IN STEM THROUGH ENVIRONMENTAL EDUCATION WE CONTINUED THE PROGRAM IN 2017, ANNOUNCING A NEW GROUP OF WINNING APPLICANTS NAAEE IS THE SECRETARIAT FOR THE GLOBAL ENVIRONMENTAL EDUCATION PARTNERSHIP (GEEP), A NETWORK OF COUNTRIES WORKING TOGETHER TO STRENGTHEN ENVIRONMENTAL EDUCATION WORKING WITH U.S. EPA AND EPA TAIWAN, AS WELL AS AN EXPERT GLOBAL ADVISORY GROUP, NAAEE IS HELPING TO BUILD CAPACITY FOR ENVIRONMENTAL EDUCATION IN COUNTRIES AROUND THE WORLD BY SHARING BEST PRACTICES, CONVENING THOUGHT LEADERS, CREATING A WEBSITE FOR GLOBAL INTERACTION (THEGEEP ORG) AND PROMOTING ACCESS TO HIGH OUALITY RESOURCES AND IDEAS. NAAEE CONTINUED THE EE 30 UNDER 30 PROGRAM, RECOGNIZING 30 TALENTED AND COMMITTED YOUNG PEOPLE WORKING TO PROTECT THE ENVIRONMENT THROUGH EDUCATION. AND WE BROUGHT FOUR OF THESE OUTSTANDING LEADERS TO THE VIRTUAL CONFERENCE TO TAKE PART IN A PANEL IN WASHINGTON, DC NAAEE IS CONTINUING TO WORK ON LINKING RESEARCH TO PRACTICE, AND HAS PARTNERED WITH STANFORD UNIVERSITY ON EEWORKS, A PROJECT TO CONDUCT A COMPREHENSIVE ANALYSIS OF THE PEER-REVIEWED RESEARCH AND COMMUNICATE ABOUT THE VALUE AND IMPACT OF THE FIELD

| efil | e GR | APHIC prii | nt - DO NO | T PROCESS | As Filed Data - | | | DLN: 9 | 3493312019338 | | |
|--------------------|---------------------|---|---------------------------------------|--------------------------------------|--|---|-------------------------------------|---|---|--|--|
| SC | H ED m 99 | ULE A | | Public (| Charity Statu rganization is a sect 4947(a)(1) nonexe | ion 501(c)(3) o empt charitable | organization or trust. | ort | 2017 | | |
| • | | f the Treasury | ► Inf | ormation abou | ıt Schedule A (Form | | | ıctions is at | Open to Public Inspection | | |
| Nam NORT | e of th H AMER | nue Service he organiza RICAN ASSOCIA | TION FOR | | www.iis.g | <u> </u> | | Employer identific | <u> </u> | | |
| | rt I | Reason : | | Charity State | us (All organization | s must comple | te this part) 9 | 23-7158061 | | | |
| | | | | | it is (For lines 1 thro | | | occ macractions. | | | |
| 1 | П | A church, c | onvention of | churches, or as | sociation of churches | described in sec t | tion 170(b)(1) | (A)(i). | | | |
| 2 | \Box | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) | | | | | | | | | |
| 3 | | A hospital o | r a cooperat | ive hospital ser | vice organization desc | ribed in section | 170(b)(1)(A)(| iii). | | | |
| 4 | | | esearch orga and state _ | inization operat | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). E | nter the hospital's | | |
| 5 | | | ition operate (iv). (Compl | | t of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | ped in section 170 | | |
| 6 | | A federal, s | tate, or local | government or | governmental unit de | escribed in sectio | on 170(b)(1)(A | \)(v). | | | |
| 7 | ✓ | section 17 | 0(b)(1)(A) | (vi). (Complete | | | | init or from the genera | al public described in | | |
| 8 | | A communi | ty trust desc | ribed in sectior | 170(b)(1)(A)(vi) | (Complete Part I | I) | | | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a | | |
| 10 | | from activit | ies related to income and | o its exempt fur unrelated busin | (1) more than 331/3° ctions—subject to cer ess taxable income (lemplete Part III) | taın exceptions, a | and (2) no more | than 331/3% of its su | pport from gross | | |
| 11 | | An organiza | ition organiz | ed and operated | dexclusively to test fo | r public safety S | ee section 509 | (a)(4). | | | |
| 12 | | more public | ly supported | l organizations (| l exclusively for the be described in section 5 the type of supporting | i09(a)(1) or se d | ction 509(a)(2 |). See section 509(a | | | |
| а | | Type I. A so | upporting or n(s) the pow | ganızatıon oper | ated, supervised, or c appoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | | | |
| b | | Type II. A manageme | supporting on t of the sup | organization sup porting organiza | ervised or controlled i | | | | | | |
| С | | Type III f | ınctionally | | and C. supporting organizatio ons) You must com | | | | ted with, its | | |
| d | | Type III n functionally | on-function | nally integrate The organizatio | d. A supporting organ n generally must satis t IV, Sections A and | ization operated fy a distribution i | ın connection wi requirement and | th its supported orgar | ` ' | | |
| e | | Check this | oox if the org | ganization recei | ved a written determing integrated supporting | nation from the II | | pe I, Type II, Type II | [functionally | | |
| f | Enter | | | d organizations | mregrated supporting | organization | | | | | |
| g | Provi | de the follow | ing informati | ion about the su | ipported organization(| s) | | | | | |
| | (i) N | Name of supp organizatior | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the orgain your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | Yes | No | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | I | work Reduc | | | | | | | <u> </u> | | |

| III. If the organization f | ails to qualify ur | nder the tests lis | ted below, plea | se complete Par | t III.) | | |
|----------------------------|--------------------|--------------------|-----------------|-----------------|----------|-----------|--|
| ection A. Public Support | | | | | | | |
| Calendar year | (2) 2012 | (b) 2014 | (a) 2015 | (4) 2016 | (a) 2017 | (f) Total | |

| | iii. ii the organization is | ans to quanty an | aci the tests hat | ed below, pieds | e complete rait | 111.) | | |
|-----|--|----------------------|-----------------------|----------------------|---------------------|-----------|---------------------|-------------|
| S | ection A. Public Support | | | | | | - | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) | 2017 | (f) Total |
| | (or fiscal year beginning in) | (-, | (-, | (-, | () | (-) | | (., |
| L | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | 1,564,844 | 2,170,912 | 2,054,769 | 2,724,798 | | 3,068,668 | 11,583,991 |
| | include any "unusual grant ") | | | | | | | |
| 2 | Tax revenues levied for the | | | | | | | |
| | 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 lines 1 through 3 | 1,564,844 | 2,170,912 | 2,054,769 | 2,724,798 | | 3,068,668 | 11,583,991 |
| 5 | The portion of total contributions by | | | | | | | |
| | each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | 2,252,294 |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | |
| | | | | | | | | |
| 5 | Public support. Subtract line 5 | | | | | | | 9,331,697 |
| | from line 4 | | | | | | | 9,331,097 |
| S | ection B. Total Support | | | | | | | |
| | Calendar year | (=)2012 | (h)2014 | (a)201E | (4)2016 | /-* | 2017 | (f)Takal |
| | (or fiscal year beginning in) ▶ | (a)2013 | (b) 2014 | (c)2015 | (d) 2016 | (e)2 | 2017 | (f)Total |
| 7 | Amounts from line 4 | 1,564,844 | 2,170,912 | 2,054,769 | 2,724,798 | | 3,068,668 | 11,583,991 |
| 8 | Gross income from interest, | | | | | | | |
| • | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties and | 138 | 191 | 1,114 | 2,564 | | 4,852 | 8,859 |
| | income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| _ | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI) | | | | | | | |
| 11 | ` ' | | | | | | | |
| | 10 | | | | | | | 11,592,850 |
| 12 | Gross receipts from related activities, | etc (see instruction | ns) | • | • | 12 | | 4,287,855 |
| | | | | | | | | · · · · · · |
| L3 | First five years. If the Form 990 is for | or the organization | 's first, second, thi | rd, fourth, or fifth | tax year as a sect | ion 501 | (c)(3) or <u>ga</u> | nization, |
| | check this box and stop here | | | | | | ▶ ⊔ | |
| S | ection C. Computation of Public | | | | | | | |
| | Public support percentage for 2017 (lin | | | olumn (f)) | | 144 | | 00 500 0/ |
| | | | | olumn (1)) | | 14 | | 80 500 % |
| | Public support percentage for 2016 Sc | | | | | 15 | | 81 040 % |
| L6a | 33 1/3% support test—2017. If the | organization did r | not check the box o | on line 13, and line | e 14 is 33 1/3% or | more, c | heck this b | ox |
| | and stop here. The organization quali | | | | | , | | ▶ ☑ |
| | 33 1/3% support test—2016. If th | | | | nd line 15 is 22 17 | 20/- 05 | acro checi | |
| b | 55 1/3% support test—2016. If th | e organization did | not check a box of | i line 13 or 16a, a | nu nne 15 is 33 1/ | 370 OF IT | iore, cneck | |
| | box and stop here. The organization | | | | | | | ▶ □ |
| L7= | 10%-facts-and-circumstances test | t-2017. If the ord | ganization did not o | check a box on line | e 13, 16a, or 16b, | and line | 1 4 | |
| | is 10% or more, and if the organizatio | | | | | | | |
| | in Part VI how the organization meets | | | | | | | |

ightharpoonsorganization h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

| Р | art III Support Schedule fo | | | | | _ | _ |
|-----|---|-------------------------|----------------------------|----------------------------|--------------------|-------------------|----------------|
| | (Complete only if you o | | | | | | er Part II. If |
| | the organization fails to ection A. Public Support | o quality under | the tests listed | pelow, please co | ompiete Part II. |) | |
| | Calendar year | | | | | | <i>(</i> 0 =) |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose Gross receipts from activities that are | | | | | | |
| 3 | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| _ | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| | Add lines 7a and 7b Public support. (Subtract line 7c | | | | | | |
| 8 | from line 6) | | | | | | |
| Se | ection B. Total Support | | l | L | | l | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (0) 2014 | (0) 2013 | (d) 2010 | (e) 2017 | (I) Iotai |
| 9 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 12 | regularly carried on Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | | | | | | | |
| 14 | 11, and 12) First five years. If the Form 990 is for | r the organization | ı n's fırst. second. tl | ı nırd. fourth, or fıft | h tax vear as a se | ction 501(c)(3) o | rganization. |
| | check this box and stop here | | , | ,,, | , | | ▶ □ |
| Se | ection C. Computation of Public | Support Perce | entage | | | | |
| 15 | Public support percentage for 2017 (li | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2016 | Schedule A, Part I | II, line 15 | | | 16 | |
| | ection D. Computation of Invest | ment Income | Percentage | | | <u> </u> | |
| 17 | Investment income percentage for 20 | | | line 13, column (f | f)) | 17 | |
| 18 | Investment income percentage from 2 | 2016 Schedule A, | Part III, line 17 | | | 18 | |
| | 331/3% support tests—2017. If the | | | on line 14, and lir | ne 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and | | | | | | ▶□ |
| | 33 1/3% support tests—2016. If the | • | | | | | · — |
| , | not more than 33 1/3%, check this bo | - | | | * | | ▶□ |
| 20 | Private foundation. If the organizati | - | - | | · · · · · - | | ▶□ |
| | | and the control of | | | | | . — |

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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 | İ | |
| 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) | | | |
| | in section 309(a)(1) or (2) | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | |
| | below | 3a | İ | |
| 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 | | |

| 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 3 | | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |

| c | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," 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 12a or 12b ın Part I, answer (b) and (c) below | 4a | |
| 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 | |
| С | 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 | | |

| | | | , , | |
|----|---|----|-----|--|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below | | | |
| | Checked 12a of 12b in Part 1, answer (b) and (c) below | 4a | | |
| 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 | 4b | | |
| С | supervised by or in connection with its supported organizations 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 | | |

| 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 | 6 | |
|---|--|---|--|
| | 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) | | |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

| 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 | | i |

```
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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

| Pa | rt IV Supporting Organizations (continued) | | | -9 |
|----|---|-----|---------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | 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 | | |
| | ection 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 | | |
| 5 | ection C. Type II Supporting Organizations | | | |
| | cetion c. Type 11 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) | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| 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? | | Yes | No |
| | | 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 | | |
| s | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct 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 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | 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 | 2a | | |
| | 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 | 2b | | |
| 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? <i>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | <u> </u> |
|----|--|----------|
| 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 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 | Distributable amount for 2017 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| 8 | Distributions to attentive supported organizations to wh details in Part VI) See instructions | ıch the organization is respons | sive (provide | |
|----|---|---------------------------------|--|---|
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| | | | | |

| ich the organization is respons | sive (provide | |
|---------------------------------|--|---|
| | | |
| | | |
| (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| | | |
| | | |
| | | |
| | (i) | (1) Underdistributions |

| 9 Distributable amount for 2017 from Section C, line 6 | | | |
|---|-----------------------------|--|---|
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | _ |
| d From 2015 | | | |

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

| c Remainder Subtract lines 4a and 4b from 4 | | |
|--|--|--|
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | |
| 7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c | | |

| lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | |
|---|--|--|
| 7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c | | |
| 8 Breakdown of line 7 | | |
| a Excess from 2013 | | |
| b Excess from 2014 | | |
| c Excess from 2015 | | |

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: Software Version:

EIN: 23-7158061

NORTH AMERICAN ASSOCIATION FOR Name: ENVIRONMENTAL EDUCATION INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data
SCHEDULE C Political Campaign an

Political Campaign and Lobbying Activities

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

2.017

DLN: 93493312019338

∠UI / nen to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization NORTH AMERICAN ASSOCIATION FOR ENVIRONMENTAL EDUCATION INC 23-7158061 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|---|--|---------|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| For Paperwork Reduction Act Notice, see t | the instructions for Form 990 or 990-EZ. | Cat | No 500845 Schedule C (I | Form 990 or 990-EZ) 2017 |

| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | |
|---|--|---|-----------|--------|------------|
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| | Over \$17,000,000 | \$1,000,000 | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1 | f) | | 81.514 | |
| _ | Subtract line 1g from line 1a If zero or less, enter | , | | , | |
| i | Subtract line 1f from line 1c If zero or less, enter - | 0- | | 0 | |
| j | If there is an amount other than zero on either line section 4911 tax for this year? | 1h or line 1i, did the organization file Form 472 | 0 reporti | ing | ☐ Yes ☐ No |
| | | | | | |

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

274,633

2,600

68,658

1,500

(b) 2015

284,803

5,445

71,201

3,745

(d) 2017

326,054

3,532

81,514

3,171

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

1,196,871

1,795,307

16,732

299,218

448,827

13,246

(c) 2016

311,381

5,155

77,845

4,830

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE D | Supplemental Final

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

2017

DLN: 93493312019338 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Open to Public Inspection

| | ne of the organization TH AMERICAN ASSOCIATION FOR | | | | Employer id | entification number |
|--------|--|-----------------------|------------|--------------------|----------------------|-------------------------|
| | RONMENTAL EDUCATION INC | | | | 23-7158061 | |
| Pa | Organizations Maintaining Donor Advi Complete if the organization answered "Ye | sed Funds or O | ther | Similar Funds | or Accounts. | |
| | Complete if the organization answered Te | | | ised funds | (b)Fund | ds and other accounts |
| 1 | Total number at end of year | (4) 50110 | | ioca ramas | (2), and | and other decoding |
| - 2 | Aggregate value of contributions to (during year) | | | | | |
| | Aggregate value of grants from (during year) | | | | + | |
| | Aggregate value at end of year | | | | + | |
| 5 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | | ets held in donor | advised funds are | e the |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | | | | | or |
| Par | t II Conservation Easements. Complete if th | ne organization a | nswe | red "Yes" on Fo | rm 990, Part I | /, line 7. |
| 1 | Purpose(s) of conservation easements held by the organ | nization (check all | hat a | pply) | | |
| | Preservation of land for public use (e g , recreation | or education) | | Preservation of | an historically imp | portant 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 held a | qualified conservat | ion co | entribution in the | form of a conserv | ation |
| _ | easement on the last day of the tax year | qualified conservat | 1011 CC | ontribution in the | | at the End of the Year |
| а | Total number of conservation easements | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | 2b | |
| С | Number of conservation easements on a certified histori | c structure include | d in (a | a) | 2c | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | red after 8/17/06, | and r | ot on a historic | 2d | |
| 3 | Number of conservation easements modified, transferred tax year \blacktriangleright | d, released, exting | uishe | d, or terminated b | y the organizatio | n during the |
| 4 | Number of states where property subject to conservation | n easement is loca | ted 🕨 | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | | ıng, ır | nspection, handlin | g of violations, | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of v | olatic | ns, and enforcing | conservation eas | |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \bigs \$ | handling of violation | ns, a | nd enforcing cons | ervation easemer | nts during the year |
| В | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)$? | above satisfy the | equir | ements of section | 170(h)(4)(B)(ı) | ☐ Yes ☐ No |
| 9 | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | footnote to the or | | | | and |
| Par | Organizations Maintaining Collections Complete if the organization answered "Ye | | | | ther Similar A | ssets. |
| 1a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan | public exhibition, e | ducat | ion, or research i | n furtherance of p | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items | | | | | |
| (|) Revenue included on Form 990, Part VIII, line 1 | | | | ▶ \$ | |
| (ii |)Assets included in Form 990, Part X | | | | ▶ \$ | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under SFAS: | | | | · - | ride the |
| а | Revenue included on Form 990, Part VIII, line 1 | , , , | J - | | > \$ _ | |
| b | Assets included in Form 990, Part X | | | | ▶ \$ | _ |
| or F | aperwork Reduction Act Notice, see the Instruction | as for Form 990 | | Cat N | o 52283D Scl | nedule D (Form 990) 201 |

| Par | t IIII | Organizations Maintaining Col | lections of Art, F | listori | cal T | reas | ures, or | Other | Similar A | ssets (| 'continued) |
|--------|-----------------|--|-------------------------|-------------|-------------|--------|------------|-------------|-------------|--------------|--------------------|
| 3 | | the organization's acquisition, accessions (check all that apply) | n, and other records, | check | any of | the f | ollowing t | hat are a | significant | use of it | s collection |
| а | | Public exhibition | | d | | Loar | n or excha | ange prog | rams | | |
| b | | Scholarly research | | е | | Othe | er | | | | |
| c | | Preservation for future generations | | | | | | | | | |
| 4 | Provi Part) | de a description of the organization's col XIII | lections and explain | how the | ey furtl | her th | ne organız | atıon's ex | empt purp | ose in | |
| 5 | | ng the year, did the organization solicit o is to be sold to raise funds rather than to | | | | | | | ılar | □ Y (| es 🗆 No |
| Pa | rt IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | m 990 | , Part | IV, | line 9, or | reporte | d an amo | unt on | Form 990, Part |
| 1a | | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | ıary for | contri | bution | ns or othe | er assets i | not | □ Y | es 🗆 No |
| ь | If "Y€ | es," explain the arrangement in Part XIII | and complete the fo | llowing | table | | [| | | Amount | |
| c | Begir | nning balance | | | | | | 1c | | | |
| d | Addıt | ons during the year | | | | | | 1d | | | |
| е | Dıstrı | butions during the year | | | | | | 1e | | | |
| f | Endır | ng balance | | | | | | 1f | | | |
| 2a | Did tl | he organization include an amount on Fo | rm 990, Part X, line | 21, for | escrov | v or c | ustodial a | ccount lia | bility? | | es 🗆 No |
| b | ĭf "Ve | es," explain the arrangement in Part XIII | Check here if the ex | vnlanati | on has | - haar | a provided | d in Part \ | /TTT | | |
| | art V | Endowment Funds. Complete if | | | | | | | | | <u> </u> |
| | | Zildowiilelie i dildoi complete ii | (a)Current year | | rior yea | | | | (d)Three ye | | (e)Four years back |
| 1a | Beginn | ning of year balance | , | | | | , , , | | | | . , . |
| b | Contrib | outions | | | | | | | | | |
| С | Net inv | vestment earnings, gains, and losses | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | |
| f | Admını | ıstratıve expenses | | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 a | | de the estimated percentage of the curred designated or quasi-endowment | ent year end balance | (line 1 | g, colu | mn (a | a)) held a | s | | | |
| b | Perm | anent endowment ► | | | | | | | | | |
| С | Temp | oorarily restricted endowment > | | | | | | | | | |
| | The p | percentages on lines 2a, 2b, and 2c shou | ld equal 100% | | | | | | | | |
| 3а | orgar | here endowment funds not in the posses nization by nrelated organizations | sion of the organizat | ion tha | t are h | eld ar | nd admını | stered fo | the | ্র | Yes No |
| b | (ii) r | elated organizations es" on 3a(ii), are the related organization | ns listed as required (| on Sche | Idule R | | | | | 3 | a(ii) |
| 4 | | ribe in Part XIII the intended uses of the | · · | | | _ | | | | | |
| Pa | rt VI | Land, Buildings, and Equipme | nt. | | | | | | | | |
| | | Complete if the organization answ | vered "Yes" on For | | | | | | | | |
| | Descri | iption of property (a) Cost or oth (investme | | or other | basis (| other) | (c) Acci | umulated d | epreciation | | (d) Book value |
| 1a | Land | | | | | | | | | | |
| b | Buildin | ngs | | | | | | | | | |
| c | Leaseh | nold improvements | | | | | | | | | |
| d | Equipn | nent | | | | | | | | | |
| e | Other | | | | | | 1 | | | | |
| Tota | al. Add | lines 1a through 1e (Column (d) must e | qual Form 990, Part . | X, colur | mn (B) | , line | 10(c)) | | - | 1 | 0 |

| | See Form 990, Part X, line 12. | | | | | | |
|--|--|----------|-----------------------------|---------------|---------------|---------------------------|--|
| | (a) Description of security or category (including name of security) | | (b) Book value | | | thod of va I-of-year n | luation narket value |
| | l derivatives | | | | | | |
| 2) Closely- 3)Other | held equity interests | <u>·</u> | | | | | |
| 4) | | | | | | | |
| 3) | | | | | | | |
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| 5) | | | | | | | |
| ٦) | | | | | | | |
| otal. (Colum | n (b) must equal Form 990, Part X, col (B) line 12) | • | | | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 990, P | art IV, lı | ne 11c. Se | e Form 99 | 0, Part X | , line 13. |
| | <u> </u> | | ook value | | (c) Me | thod of va | |
| L) | | | | | SOSE OF CITA | . S. year II | THE VALUE |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 1) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 7) | | | | | | | |
| 3) | | | | | | | |
| | | | | | | | |
| 9) | | | | | | | |
| 9) otal. (Colum | in (b) must equal Form 990, Part X, col (B) line 13) | | | | | | |
| otal. (Colum | Other Assets. Complete if the organization answered 'Yes' or | on Forr | ກ 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| otal. (Colum Part IX | | on Forr | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | rt X, line 15 (b) Book value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' or | on Form | n 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| otal. (Column Part IX | Other Assets. Complete if the organization answered 'Yes' or | on For | n 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX 2) | Other Assets. Complete if the organization answered 'Yes' or | on Form | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX 2) 3) | Other Assets. Complete if the organization answered 'Yes' or | on For | n 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX 2) 3) | Other Assets. Complete if the organization answered 'Yes' or | on Form | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX 2) 3) 4) | Other Assets. Complete if the organization answered 'Yes' or | on Form | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX (Column Part IX (Column Part IX (Column Part IX (Column Part IX (C | Other Assets. Complete if the organization answered 'Yes' or | on Forr | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX (Column Part IX (Column Part IX (Column Part IX (Column Part IX (C | Other Assets. Complete if the organization answered 'Yes' or | on Form | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' or | on Form | m 990, Pa | rt IV, line 1 | 1d See Fori | m 990, Pa | |
| ptal. (Column Part IX | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' of (a) Description | | | | | . • | (b) Book value |
| Part IX 2) 3) 4) 5) 6) 7) Otal. (Columnary) Part X | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | | | . • | (b) Book value |
| Part IX 2) 3) 3) 4) 5) 6) 7) Datal. (Columnary X | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX 2) 3) 4) 5) otal. (Column 2) 3) part X Part X) Federal (| Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX 2) 3) 4) 5) Cotal. (Column 2) Cotal. (Column Part X Cotal. (Column Part X Cotal. (Column Part X Cotal. (Column Part X Cotal. (Column Part X | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX 2) 3) 4) 5) 6) 7) 6) Part X A A A B Column Colum | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX (Column Part IX (Column Part IX (Column Part IX (Co | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX (Column Part IX (Column Part IX (Column Part IX (Co | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Part IX (Column Part IX (Column Part IX (Column Part IX (Co | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| Datal. (Column Part IX | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| part IX | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |
| part IX | Other Assets. Complete if the organization answered 'Yes' of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, P | | . • | (b) Book value |

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c c d 2d 2e 16,377 e

2a

2b

2a

2b

4b

Explanation

-55

16.432

16,432

2,648

2e

3

4c

5

Page 4

4,176,954

-2,648

4,157,929

3,537,520

19,080

3,518,440

3.518.440

Schedule D (Form 990) 2017

3 3 4,160,577 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b -2.648b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c c 2d Other (Describe in Part XIII) d Add lines 2a through 2d

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 4 4a

Investment expenses not included on Form 990, Part VIII, line 7b . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

b

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2017

Part XI

а

b

1

2

Add lines **4a** and **4b**

5

Return Reference

See Additional Data Table

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII **Supplemental Information**

| Page 5 | | Schedule D (Form 990) 2017 |
|---------------|----------------------|-----------------------------|
| | ormation (continued) | Part XIII Supplemental Info |
| | Explanation | Return Reference |
| | | |
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| | | |

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 23-7158061

Name: NORTH AMERICAN ASSOCIATION FOR ENVIRONMENTAL EDUCATION INC.

Return Reference Explanation

PART XI, LINE 4B - OTHER

ADJUSTMENTS

COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B -2,648

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | COST OF GOODS SOLD REPORTED ON FORM 990, PART VIII, LINE 10B 2,648 |

Sı

efile GRAPHIC print - DO NOT PROCESS DLN: 93493312019338 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** NORTH AMERICAN ASSOCIATION FOR 23-7158061 ENVIRONMENTAL EDUCATION INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

| Schedule I (Form 990) 2017 | | | | | Page 2 | | | | | |
|-------------------------------|---|---------------------------|----------------------------------|---|---|--|--|--|--|--|
| | stance to Domestic Individua d if additional space is needed | als. Complete if the orga | inization answered "Yes | " on Form 990, Part IV, line 22 | | | | | | |
| (a) Type of grant or assistan | · · | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | | |
| (1) HONORARIUMS | 64 | 38,599 | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| 4) | | | | | | | | | | |
| 5) | | | | | | | | | | |
| 6) | | | | | | | | | | |
| 7) | | | | | | | | | | |
| Part IV Supplemental In | formation. Provide the inf | ormation required in F | Part I, line 2; Part III | I, column (b); and any other ac | dditional information. | | | | | |
| Return Reference | Explanation | | | | | | | | | |
| PART I, LINE 2 | HE ASSOCIATION MONITORS T | HE USE OF GRANT FUND | S THROUGH REVIEW O | F PERIODIC FINANCIAL AND PROG | THE ASSOCIATION MONITORS THE USE OF GRANT FUNDS THROUGH REVIEW OF PERIODIC FINANCIAL AND PROGRAM PROGRESS REPORTS PROVIDED BY THE GRANT | | | | | |

RECIPIENTS

Additional Data

2000 M ST NW STE 550 WASHINGTON, DC 200363387

ANTIOCH UNIVERSITY 900 DAYTON ST

YELLOW SPRINGS, OH

453871745

Software ID: Software Version: Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

31-0536640

EIN: 23-7158061

Name: NORTH AMERICAN ASSOCIATION FOR ENVIRONMENTAL EDUCATION INC

34,868

(d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Name and address of (h) ETNI (c) IPC coction

| (a) Name and address of | () [] | (C) INC Section | (a) Amount or cash | (C) Amount of non | (1) Mechod of Valua |
|-------------------------|---------|-----------------|--------------------|-------------------|---------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, apprai |
| or government | | | | assistance | other) |
| | | | | | |
| | | | | | |

501(C)(3)

aisal,

AMERICAN FOREST 52-1235124 501(C)(3) 212,887 FOUNDATION

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

ENVIRONMENTAL

ENVIRONMENTAL

EDUCATION PROJECTS

EDUCATION PROJECTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-3757028 501(C)(3) 26.287 CENTER FOR DIVERSITY AND IENVIRONMENTAL

THE ENVIRONMENT IEDUCATION PROJECTS 5431 NF 20TH AVE STE 16 PORTLAND, OR 972115509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

135 PARK AVE W

DENVER, CO 802053209

FARTH FORCE INC. 52-1830873 501(C)(3) 85.737 IENVIRONMENTAL

EDUCATION PROJECTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1156365 501(C)(3) 66.431 STANFORD UNIVERSITY IENVIRONMENTAL

IEDUCATION PROJECTS

3145 PORTER DR IEDUCATION PROJECTS PALO ALTO, CA 943041234 SUSTAINABLE FORESTRY 80-0030060 501(C)(3) 109,260 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INITIATIVE INC. 2121 K ST NW STE 750

WASHINGTON, DC 200371908

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

IEDUCATION PROJECTS

71.908 48-1278631 UNIVERSITY OF IENVIRONMENTAL

UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON OREGON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EUGENE, OR 974035295

| efil | e GRAPHIC pr | rint - DO NOT PROCESS As Filed Data - | DLN: 934 | 9331 | L 201 9 | 338 |
|------------|---|---|--------------------------------------|------------|-----------------|------|
| Sch | edule J | Compensation Informatio | n om | B No | 1545-0 | 0047 |
| (Form 990) | | For certain Officers, Directors, Trustees, Key Employe | | | | |
| | Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | |
| | | ▶ Attach to Form 990. | | | 17 | |
| • | tment of the Treasury al Revenue Service | ► Information about Schedule J (Form 990) and its in www.irs.gov/form990. | estructions is at | | to Pul ectio | |
| Nar | ne of the organiza | | Employer identificat | | | |
| | RTH AMERICAN ASSO IRONMENTAL EDUC | | 23-7158061 | | | |
| Pa | rt I Questi | ons Regarding Compensation | • | | | |
| | | | | | Yes | No |
| 1a | | opiate box(es) if the organization provided any of the following to or for a section A, line 1a Complete Part III to provide any relevant information re | | | | |
| | | | esidence for personal use | | | |
| | | · | use of personal residence | | | |
| | | nification and gross-up payments \square Health or social club du | | | | |
| | ☐ Discretion | nary spending account LJ Personal services (e.g., | , maid, chauffeur, chef) | | | |
| b | | xes in line 1a are checked, did the organization follow a written policy regall of the expenses described above? If "No," complete Part III to explain | garding payment or reimbursement | 1 b | | |
| 2 | | ation require substantiation prior to reimbursing or allowing expenses inc ees, officers, including the CEO/Executive Director, regarding the items ch | | 2 | | |
| | directors, truste | ees, officers, including the CEO/Executive Director, regarding the items cr | necked in line lar | | | |
| 3 | | If any, of the following the filing organization used to establish the compe | | | | |
| | | CEO/Executive Director Check all that apply Do not check any boxes for an organization to establish compensation of the CEO/Executive Director, | | | | |
| | | | · | | | |
| | | ation committee Written employment collent compensation consultant Compensation survey of | | | | |
| | | | or compensation committee | | | |
| | | | · | | | |
| 4 | During the year related organiza | r, did any person listed on Form 990, Part VII, Section A, line 1a, with res ation | pect to the filing organization or a | | | |
| а | _ | rance payment or change-of-control payment? | | 4a | | No |
| b | | r receive payment from, a supplemental nonqualified retirement plan? | | 4b | | No |
| c | • | r receive payment from, an equity-based compensation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and provide the applicable amounts for each | n item in Part III | | | |
| | - 1/ \/- | | | | | |
| 5 | | i), 501(c)(4), and 501(c)(29) organizations must complete lines 5 and on Form 990, Part VII, Section A, line 1a, did the organization pay or a section A. | | | | |
| 5 | | ontingent on the revenues of | accide any | | | |
| а | The organization | n? | | 5a | | No |
| b | Any related orga | anization? | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | |
| 6 | | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or a contingent on the net earnings of | accrue any | | | |
| а | The organization | n [?] | | 6a | | No |
| b | Any related orga | | | 6b | | No |
| | • | 6a or 6b, describe in Part III | | | | |
| 7 | | ed on Form 990, Part VII, Section A, line 1a, did the organization provide escribed in lines 5 and 6 ⁷ If "Yes," describe in Part III | any nonfixed | 7 | | No |
| 8 | | ints reported on Form 990, Part VII, paid or accured pursuant to a contra nitial contract exception described in Regulations section 53 4958-4(a)(3) | | _ | | |
| 9 | | 8, did the organization also follow the rebuttable presumption procedure | described in Regulations section | 8 | | No |
| _ | 53 4958-6(c)? | | | 9 | | |
| Ear D | Danamuark Badı | uction Act Notice, see the Instructions for Form 990. | Cat No 50053T Schedule 1 | /Earn | 2000 | 2017 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 JUDY BRAUS 150,000 (i) 0 7.500 14,567 172,067 EXECUTIVE DIRECTOR 0 (ii)

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

| efile GRAPHIC print - DO NOT PROCESS | | | | | | | |
|--|---|-------------|-------|----|---|---|--------------------|
| SCHEDUL (Form 990 or EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | | OMB No 1545-0047 2017 Open to Public Inspection | |
| Name of the org North AMERICAN ENVIRONMENTAL I | ASSOCIATION I | | matio | on | | 23-7158061 | ntification number |
| Return Reference | | Explanation | | | | | |
| FORM 990, PART VI, SECTION B, LINE 11B | 1 | | | | SOCIATION'S EXECUTIVE FILED WITH THE IRS | DIRECTOR AND TH | IE MEMBERS |

Return Explanation

| FORM 990, | THE ASSOCIATION HAS A SIGNED WRITTEN CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES AND MEM |
|------------|--|
| PART VI, | BERS OF THE GOVERNING BODY POTENTIAL CONFLICTS OF INTEREST ARE ASSESSED AND EXAMINED ANNU |
| SECTION B, | ALLY BY THE GOVERNING BODY THE PERSONS WITH A CONFLICT RECUSE THEMSELVES IN DISCUSSIONS A |
| LINE 12C | ND VOTING IN THE MATTER OF INTEREST |

Return Explanation
Reference

FORM 990, PART VI, SPECIALIST AND DOCUMENTED THE DETERMINATION OF EXECUTIVE COMPENSATION IN 2013 THE PROCESS SECTION B, INFORMED AGAIN IN 2018

Return Explanation
Reference

LINE 19

FORM 990, THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C.

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART IX, LINE 11G | ENVIRONMENTAL CONSULTANTS PROGRAM SERVICE EXPENSES 553,031 MANAGEMENT AND GENERAL EXPENS ES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 553,031 DESIGN/PHOTOGRAPHER PROGRAM SERVICE EXPENSES 106,266 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENS ES 106,266 CLEANING SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 960 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 960 PAYROLL FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,300 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,300 MED IA AND PROMOTIONAL SERVICES PROGRAM SERVICE EXPENSES 37,618 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 37,221 MANAGEMENT AND GENERAL EXPENSES 16,926 FUNDRAISING EXPENSES 25,768 TOTAL EXPENS ES 79,915 |