DLN: 93493045018180 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization NATIONAL COUNCIL FOR AIR AND STREAM D Employer identification number B Check if applicable □ Address change IMPROVEMENT INC 13-1085344 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1513 WALNUT STREET SUITE 200 ☐ Amended return ☐ Application pending (919) 941-6400 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 15,703,779 Name and address of principal officer H(a) Is this a group return for TAMMERAH D GARREN ☐Yes **☑**No subordinates? 1513 WALNUT STREET SUITE 200 H(b) Are all subordinates CARY, NC 27511 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **⋖** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NCASI ORG L Year of formation 1943 M State of legal domicile DE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROVIDER OF SCIENTIFIC RESEARCH TO THE FOREST PRODUCTS INDUSTRY TO ACHIEVE ENVIRONMENTAL GOALS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,066,219 890,581 Ravenua 14,560,801 9 Program service revenue (Part VIII, line 2g) . 14,138,467 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39,264 219,324 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,985 33,073 15,255,935 15,703,779 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,429,485 1,429,822 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 8,340,055 8,268,970 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,789,230 2,559,972 12,558,770 12,258,764 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,697,165 3,445,015 Net Assets or Fund Balances Beginning of Current Year End of Year 13,760,804 17,212,193 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 6,579,550 7,736,886 22 Net assets or fund balances Subtract line 21 from line 20 . 7,181,254 9,475,307 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-02-14 Signature of officer Sign Here TAMMERAH D GARREN SECRETARY/TREASURER/VP BUSINESS AFF Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-02-13 P01281319 Paid self-employed Firm's name

BERNARD ROBINSON & COMPANY LLP Firm's EIN > 56-0571159 Preparer Use Only Firm's address ▶ PO BOX 19608 Phone no (336) 294-4494 GREENSBORO, NC 274199608 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

See Additional Data	Form	990 (2018)				Page 2				
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	40		,		(Revenue \$)				
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Form	990 (2018)			Page 3
Pa	Checklist of Required Schedules			
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes	No No
_	Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🕏	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

20a

20b

No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

21

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

an Sc. 24a Did the con	d the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete thedule J	23 24a	Yes Yes	No
an Sc. 24a Did the coi	d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete thedule J	23	Yes	
the con	e last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and mplete Schedule K If "No," go to line 25a	24a		
b Did	d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			No
	,	24b		
	d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24c		
d Did	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Die	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. d the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," mplete Schedule L, Part I	25a		
tha	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? "Yes," complete Schedule L, Part I	25b		
for	d the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or rmer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? "Yes," complete Schedule L, Part II	26		No
col	d the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ntributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member any of these persons? If "Yes," complete Schedule L, Part III	27		No
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions)			
	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
		28a		No
	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, art IV	28b		No
	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an ficer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29 Did	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ntributions? If "Yes," complete Schedule M	30		No
31 Did	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32 Did <i>If</i>	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? "Yes," complete Schedule N, Part II	32		No
	d the organization own 100% of an entity disregarded as separate from the organization under Regulations sections if 17701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1	34	Yes	
35a Did	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Se	ganization? If "Yes," complete Schedule R, Part V, line 2	36		
ıs i	d the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. Form 990 filers are required to complete Schedule O	38	Yes	

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

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

34

0

1a

1b

7a

7b

7c

7e 7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," did the organization notify the donor of the value of the goods or services provided?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	onse to i	lines						
	Check if Schedule O contains a response or note to any line in this Part VI			✓						
Se	Section A. Governing Body and Management									
			Yes	No						
1a	a Enter the number of voting members of the governing body at the end of the tax year	15								
	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	15								
2				No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No						
6	Did the organization have members or stockholders?	6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore 7a	Yes							
b	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						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by								
а	The governing body?	8a	Yes							
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	. (. دِ							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	, 10b	Yes							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e 11a		No						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t								
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem status with respect to such arrangements?									
Se	ection C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶									
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 \square Another's website \checkmark Upon request \square Other (explain in Schedule O)									
19	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									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									

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	mpensation fro	m the a	organ	ıızatı	ion ?	and ar	ny re	elated organizations	S	
List persons in the following order individual trust compensated employees, and former such person	stees or directons ns	rs, ınstı	tutio	nal t	:rust	ees, c	office	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related o	rg <u>anıza</u> t	tion c	:omr	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	perso and	an on son is	ne bo both recto	ot che ox, u h an or/tri	unless n office rustee)	er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	incy	Individual trustee or director	tional Trustee		apioyee	Highest compensated employee				
(1) THOMAS STIGERS CHAIR	1 00	×		х				0	0	0
(2) TRAYLOR CHAMPION VICE-CHAIR	1 00	×		×				0	0	0
(3) MIKE BLOSSER DIRECTOR	1 00	×						0	0	0
(4) PAUL BOYNTON DIRECTOR	1 00	×						0	0	0
(5) MICHAEL COVEY DIRECTOR	1 00	×						0	0	0
(6) SUZANNE CUTHBERT DIRECTOR	1 00	×						0	0	0
(7) BILL EDWARDS DIRECTOR	1 00	×						0	0	0
(8) BOB FLEET DIRECTOR	1 00	×						0	0	0
(9) EDWARD HARRINGTON	1 00	×					П	0	0	0

DIRECTOR 1 00 (10) TOMMY JOSEPH DIRECTOR 1 00 (11) JAMES KING Х 0 0 DIRECTOR 1 00 (12) WAYNE RANCOURT 0 0

0 0 DIRECTOR 1 00 (13) BRUCE RIDLEY 0 0 DIRECTOR 1 00 (14) JASON ROGGENBAUER 0 0 Х 0 DIRECTOR 1 00 (15) JEFF WALCH Х 0 0 0 DIRECTOR 40 00 (16) DIRK KROUSKOP Χ 488,876 47,467 PRESIDENT/CEO 40 00 (17) TAMMERAH GARREN Х 42.002 216,232 0 CORPORATE SECRETARY/TREASURER Form 990 (2018) Part VII

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RSM US LLP

331 W 3RD ST SUITE 200 DAVENPORT, IA 52801

Section B. Independent Contractors

compensation from the organization > 1

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

(B) (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other from the week (list is both an officer and a from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Officer ্ employ individual trustee organizations MISC) Institutional related lighest compensat mplovee director below dotted organizations eevoldme line) Trustee 8 (18) VIPIN VARMA 40 00 Χ 219,237 0 43,160 VICE PRESIDENT, AIR QUALITY & DIRECTOR (19) T BENTLY WIGLEY Χ 0 217,321 26,135 VICE PRESIDENT, FORESTRY PROGRAMS (20) PAUL WIEGAND 40 00 Χ 237,538 0 44,110 VICE PRESIDENT, WATER RESOURCES & DIRECTOR (21) ARUN SOMESHWAR 40 00 Χ 167,096 0 45,827 NCASI FELLOW (22) CRAIG LOEHLE 0 Х 145,530 42,139 PRINCIPAL SCIENTIST (23) PHILIP PAGORIA 40 00 Х 145,048 0 17,813 WATER RESEARCH ENGINEER (24) REID MINER 40 00 0 16,752 144,854 SENIOR NCASI FELLOW (25) STEPHEN PRISLEY 0 Х 136,168 26,448 PRINCIPAL RESEARCH SCIENTIST 1b Sub-Total • c Total from continuation sheets to Part VII, Section A . ٠ 2,117,900 0 351,853 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 18 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest com Nο

(A)

Name and business address

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

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

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

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

pensated employee on	
	3
ation from the for such	
	4

(B)

Description of services

ACCOUNTING & IT SERVICES

Yes

Nο

229,546

(C)

Compensation

Form 990 (2018)

5

		(2018)											Page 9
Part	VII												
		Check if Schedul	e O contains a	a respo	onse or n	ote to any l	(.	A) revenue	Rela ex fur	(B) ated or empt action venue	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections 512 - 514
(6	1	a Federated campaig	ns	1a					10	venue			312 314
ints		b Membership dues		1b									
Bom mo		c Fundraising events	j	1c									
ffs, FA		d Related organizatio	ns	1d									
<u>i</u> 5 <u>e</u>		e Government grants (co	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, and similar amounts no above		1 f		890,581							
ontribu		g Noncash contribution in lines 1a - 1f \$											
<u>ت ت</u>		h Total. Add lines 1a	·1f	•		<u> </u>		890,581					
a	_	MEMBERCHIR DIJEC			}	Business	Code	14.4	22,471	14.42	2,471		
V-S-D		MEMBERSHIP DUES CONFERENCES					900099		33,756		3,756		
		TECHNICAL REPORTS					900099		4,574		4,574		
Š	•	- TECHNICAL REPORTS					900099		-,				
₹	c	d		_	}								
Iran	•	•		_									
Program Service Revenue		f All other program se J Total. Add lines 2a–2			>	14,5	60,801		•				
		Investment income (ii			ınterest,	and other		205,542					205,542
		similar amounts) . Income from investme			and proce	eeds ▶		203,342	1				203,342
		Royalties				• • • • • • • • • • • • • • • • • • •							
			(ı) Real			ersonal							
	6a	a Gross rents											
	ı	b Less rental expenses											
	•	c Rental income or (loss)											
	•	d Net rental income o											
	7:	a Gross amount	(ı) Securit	ies	(11)	Other							
	,	from sales of assets other than inventory		13,158		624							
	ı	b Less cost or other basis and		0		0							
		sales expenses											
		c Gain or (loss) d Net gain or (loss)		13,158		624	 	13,782	,				13,782
e e		Gross income from fi (not including \$	undraising eve			<u> </u>		15,76					15,702
Other Revenue		contributions reporte See Part IV, line 18		a									
8		b Less direct expense		b									
her		c Net income or (loss) a Gross income from g		-	ents .	• •	1						
ŏ	,	See Part IV, line 19		C 5									
				а									
		b Less direct expense: c Net income or (loss)		b									
		aGross sales of invent		activit		>	1						
		returns and allowand		_									
		b Less cost of goods s	old	a b									
		C Net income or (loss)				. •	J						
		Miscellaneous				ess Code							
	11	1amiscellaneous re	EVENUE			900099		33,073	3				33,073
	١	ь											
					ļ								
	•	c											
		al All and and							_				
		d All other revenue . e Total. Add lines 11a				•			1				
						•		33,073	3				
	1.	2 Total revenue. See	instructions	• •	• •	• •		15,703,779	,	14,560,80		0	252,397

Part IX	State	ment of	f Functi	onal	Expenses

Forr	n 990 (2018)				Page 10
	Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	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	1,429,822			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,209,895			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,150,635			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	507,713			
9	Other employee benefits	986,624			
10	Payroll taxes	414,103			
11	Fees for services (non-employees)				
ē	Management				
Ŀ	Legal	94,480			
•	: Accounting	197,435			
c	lLobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				-
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	105,779			
12	Advertising and promotion				
13	Office expenses	174,379			
14	Information technology	250,294			
15	Royalties				
16	Occupancy	285,442			-
17	Travel	520,408			-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	322,123			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	177,805			
23	Insurance	114,332			
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)				
	a TECHNICAL AND SAFETY EQ	244,648			
	b DUES AND SUBSCRIPTIONS	30,069			
	c BANK SERVICE FEES	16,613			
	d TAXES AND LICENSES	13,192			
	e All other expenses	12,973			
25	Total functional expenses. Add lines 1 through 24e	12,258,764			
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	1

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,248,631	1	5,292,578
	2	Savings and temporary cash investments .		[2	24,156
	3	Pledges and grants receivable, net			326,676	3	732,914
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
ste	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	c(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
Assets	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	191,110	9	146,995		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,138,864			
	Ь	Less accumulated depreciation	10 b	2,675,764	1,186,874	10c	1,463,100
	11	Investments—publicly traded securities .			7,546,879	11	9,245,481
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	-
	14	Intangible assets				14	-
	15	Other assets See Part IV, line 11			260,634	15	306,969
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	13,760,804	16	17,212,193
	17	Accounts payable and accrued expenses			984,178	17	896,356
	18	Grants payable				18	-
	19	Deferred revenue			7,500	19	2,575
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u> </u>		persons Complete Part II of Schedule L $$. $$.			22		
Ī	23	Secured mortgages and notes payable to unrela	rd parties		23		
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	5,587,872	25	6,837,955

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

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

Retained earnings, endowment, accumulated income, or other funds

6.579.550

6,524,425

7,181,254

13,760,804

656,829

26

27

28

29

30

31

32

33

34

7.736.886

8,795,472

679,835

9,475,307

17,212,193 Form **990** (2018)

3a

3b

No

Form 990 (2018)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 13-1085344

NATIONAL COUNCIL FOR AIR AND STREAM

IMPROVEMENT INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

AIR OUALITY PROGRAM RECENT PRODUCTS OF THE AIR OUALITY PROGRAM INCLUDE UPDATE ON THE AIR TECHNICAL STUDIES PROGRAM (WEBINAR, APRIL 3, 2018). THE HANDBOOK OF CHEMICAL-SPECIFIC INFORMATION FOR SARA SECTION 313 FORM R REPORTING (UPDATE), SARA SECTION 313 FORM R REPORTING FOR 2017 (WEBCASTS, APRIL 2018), MULTIPLE PRESENTATIONS AT THE NCASI EASTERN REGIONAL MEETING AND WORKSHOPS (JUNE 4-6, 2018, IN ATLANTA, GA), RECENT NEW SOURCE REVIEW REFORM ACTIVITIES (WEBINAR, MAY 17), MULTIPLE PRESENTATIONS AT THE NCASI WESTERN REGIONAL MEETING AND WORKSHOPS (SEPTEMBER 24-

(WORKSHOP IN KIMBERLY, WI, OCTOBER 23, 2018), NCASI STUDIES ON TRAIN BLANK (ZERO) BIAS, BEST PRACTICES, AND DETECTION LIMITS FOR USEPA METHOD 202 (TECHNICAL BULLETIN NO 1048, SEPTEMBER 2018), SYSTEMATIC STATISTICAL PROCEDURES FOR EMISSION FACTOR DEVELOPMENT (TECHNICAL BULLETIN NO 1049, OCTOBER 2018), COMPILATION OF AIR TOXICS EMISSIONS DATA FOR PULP AND PAPER SOURCES (TECHNICAL BULLETIN NO 1050, NOVEMBER 2018), 2018 VERSION OF THE AIR TOXICS EMISSIONS DATABASE FOR PULP AND PAPER MILL SOURCES (NOVEMBER 2018), EPA PROPOSES REPLACEMENT OF THE CLEAN POWER PLAN WITH THE

26, 2018, IN VANCOUVER, WA), UPDATE ON WOOD PRODUCTS AIR PROGRAM ACTIVITIES (WEBINAR, AUGUST 7, 2018), BEST PRACTICES IN AIR EMISSIONS CONTROL

AFFORDABLE CLEAN ENERGY RULE (CORPORATE CORRESPONDENT MEMORANDUM NO 18-009, NOVEMBER 7, 2018), UPDATE TO NCASI PULP AND PAPER AIR EMISSION FACTOR DATABASES - 2018 MAJOR REVISION (WEBINAR, DECEMBER 6, 2018), UPDATE ON THE AIR TECHNICAL STUDIES PROGRAM (WEBINAR, DECEMBER 4, 2018)

Form 990, Part III, Line 4b:

(WORKSHOP IN WAUSAU, WI, MAY 9, 2018), PERFORMANCE EVALUATION OF NUTRIENT TEST KITS FOR USE WITH PULP AND PAPER MILL WASTEWATERS, TECHNICAL BULLETIN NO 1047, MAY 2018), MULTIPLE PRESENTATIONS AT THE NCASI EASTERN REGIONAL MEETING AND WORKSHOPS (JUNE 4-6, 2018, IN ATLANTA, GA), EPA -WATER - FINAL 2016 EFFLUENT GUIDELINES PROGRAM PLAN (CORPORATE CORRESPONDENT MEMORANDUM NO 18-002, JUNE 14, 2018), UPDATE ON WATER AND AOUATIC BIOLOGY PROGRAMS (WEBINAR, JULY 10, 2018), MULTIPLE PRESENTATIONS AT THE NCASI WESTERN REGIONAL MEETING AND WORKSHOPS (SEPTEMBER 24-

WATER QUALITY PROGRAM RECENT PRODUCTS OF THE WATER QUALITY PROGRAM INCLUDE MANAGING NUTRIENTS TO ACHIEVE MODERN EFFLUENT TARGETS

JANUARY 14, 2019), UPDATE ON WATER AND AQUATIC BIOLOGY PROGRAMS (WEBINAR, MARCH 5, 2019)

26. 2018. IN VANCOUVER. WA). ATSDR - NOTICE OF AVAILABILITY - DRAFT TOXICOLOGICAL PROFILE FOR PERFLUORALKYLS (CORPORATE CORRESPONDENT MEMORANDUM NO 18-004, JULY 13, 2018), PFAS - RECENT DEVELOPMENTS AND ANALYTICAL CONSIDERATIONS (CORPORATE CORRESPONDENT MEMORANDUM NO 18-

005, AUGUST 14, 2018), WHOLE EFFLUENT TOXICITY TESTING (WEBINAR, NOVEMBER 1, 2018), UPDATE ON WATER AND AQUATIC BIOLOGY PROGRAMS (WEBINAR,

NOVEMBER 6, 2018), FINAL RECOMMENDED AQUATIC LIFE AMBIENT WATER QUALITY CRITERIA FOR ALUMINUM (CORPORATE CORRESPONDENT MEMORANDUM NO 19-

001, JANUARY 14, 2019), PROPOSED RULE TO REVISE THE DEFINITION OF "WATERS OF THE UNITED STATES" (CORPORATE CORRESPONDENT MEMORANDUM NO 19-002,

FORESTRY RECENT PRODUCTS OF THE FORESTRY PROGRAM INCLUDE THE FORESTRY ENVIRONMENTAL PROGRAM NEWS (MONTHLY NEWSLETTER), TECHNICAL PROGRAM ACTIVITY UPDATE ON THE FOREST ENVIRONMENT AND SUSTAINABILITY PROGRAM (WEBINAR, JUNE 12, 2018), MULTIPLE PRESENTATIONS AT THE NCASI

WORKSHOPS (SEPTEMBER 24-26, 2018, IN VANCOUVER, WA), CLIMATE CHANGE EFFECTS ON FOREST ECOSYSTEMS (WEBINAR, AUGUST 28, 2018), TECHNICAL PROGRAM ACTIVITY UPDATE ON THE FOREST ENVIRONMENT AND SUSTAINABILITY PROGRAM (WEBINAR, OCTOBER 9, 2018), HOW DO MANAGED FORESTS CONTRIBUTE TO REDUCING CLIMATE CHANGE (FACT SHEET, NOVEMBER 2018), DOES FOREST BIOENERGY AFFECT GLOBAL TEMPERATURE (FACT SHEET, DECEMBER 2018), TECHNICAL

PROGRAM ACTIVITY UPDATE ON THE FOREST ENVIRONMENT AND SUSTAINABILITY PROGRAM (WEBINAR, FEBRUARY 26, 2019). PUBLISHED ARTICLE IN NORTHWEST

SCIENCE 92(1) 9-17 PREDICTING SHRUB BIOMASS AND CURRENT ANNUAL GROWTH FROM FIELD MEASUREMENTS IN THE OREGON COAST RANGE, U.S. PRECIPITATION

EASTERN REGIONAL MEETING AND WORKSHOPS (JUNE 4-6, 2018, IN ATLANTA, GA), MULTIPLE PRESENTATIONS AT THE NCASI WESTERN REGIONAL MEETING AND

Form 990, Part III, Line 4c:

TRENDS AND FORESTRY (BRIEFING NOTE, MARCH 2019)

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493045018180

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)) Co ider section 501(h	mplete Part II-A Do not)) Complete Part II-B D	complete Part II-B o not complete Part II-A
Nar NAT	me of the organization TIONAL COUNCIL FOR AIR AND STREAM ROVEMENT INC	eations complete fact in		Employer id	lentification number
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		nization.
1	-	ization's direct and indirect political can			
2	Political campaign activity expend	litures (see instructions)		•	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers ur	nder section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV		- F01(a) avec	ent costion FO1(s)/	2)
		nization is exempt under sectio			
1 2	, · ·	ed by the filing organization for section anization's funds contributed to other or	·		\$
3		es Add lines 1 and 2 Enter here and or	Form 1120-POL.	line 17b ▶	*
4	Did the filing organization file For				→ Yes □ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fun olitical organization, suc	which the filing ids. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter -0-	contributions received
1					
2					
3					
1					
5					
5					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule	C (Form 990 or 990-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	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 1f		
h	Subtract line 1g from line 1a If zero or less, enter -0		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

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)? b 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 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο 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 C 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D

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.

DLN: 93493045018180 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization					Emp	Employer identification number			
NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT INC							13-1085344		
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	Complete if the organization answered Tes	(a) Donor					(b)Fund	s and other	accounts
1	Total number at end of year	(,					(-,-		
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc			ets held	l ın donor a	dvised	funds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and dor charitable purposes and not for the benefit of the donor private benefit?							r	Yes No
Pa	rt II Conservation Easements. Complete if the	e organization ar	nswe	red "Y	es" on For	m 990	, Part IV	', lıne 7.	
1	Purpose(s) of conservation easements held by the organ	ization (check all th	nat ap	pply)					
	\square Preservation of land for public use (e g , recreation	or education)		Presei	vation of a	n histor	ically imp	ortant land	area
	Protection of natural habitat			Presei	vation of a	certifie	d historic	structure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a c	qualified conservati	on co	ntribut	on in the fo	rm of a	conserva	ation	
	easement on the last day of the tax year								of the Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easements					2b			
c	Number of conservation easements on a certified historic	structure included	ın (a	1)		2c			
d	Number of conservation easements included in (c) acquir structure listed in the National Register	red after 7/25/06, a	and n	ot on a	historic	2d			
3	Number of conservation easements modified, transferred tax year •	d, released, extingu	ııshec	d, or te	minated by	the or	ganızatıor	n during the	•
4	Number of states where property subject to conservation	n easement is locat	ed 🕨						
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	e periodic monitorii ?	ng, in	spectio	n, handling	of viola	– ations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of vic	olatio	ns, and	enforcing o	conserv	ation eas		
7	Amount of expenses incurred in monitoring, inspecting, h	handling of violation	ns, ar	nd enfo	rcing conse	rvation	easemen	ts during th	ne year
	·	-h			-6b	70/51/	4\/B\/.\		
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(ii)$?	above satisfy the re	equire	ements	or section .	170(n)(4)(0)(1)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the org							
Pai	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes	s" on Form 990, I	Part :	IV, line	e 8.				
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	public exhibition, ed	ducati	ion, or	research in				
b									
	(i) Revenue included on Form 990, Part VIII, line 1						▶ \$ _		
(ii)Assets included in Form 990, Part X						▶ \$		<u></u>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					ancıal g	aın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1	,	_				> \$ _		
b	Assets included in Form 990, Part X						> \$ _		
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Cat No	52283	RD Sch	edule D (F	orm 990) 2018

Par	3111	Organizations Ma	aintaining Col	ections o	of Art, Hi	stori	cal T	reası	ıres, oı	r Other	Similar As	ssets (con	tinued)
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other	records, o	check a	any of	the fo	llowing t	hat are a	significant i	use of its co	llection
а		Public exhibition				d		Loan	or excha	ange prog	ırams		
b		Scholarly research				е		Othe	r				
С		Preservation for future	e generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pai	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table				A	mount	
С		nning balance		,		_				1c			
d	-	tions during the year								1d			
е	Dıstr	ributions during the year	-							1e			
f		ng balance								1f			
2a		the organization include	an amount on Eo	rm 000 Dar	+ V line 7	1 for	ocerou		ictodial a	scount lis	hilitu 2	П v	 □ No
												_	□ NO
		es," explain the arrange											
Pa	rt V	Endowment Fund	us. Complete ii	(a)Curren			rior yea				(d)Three yea		Four years back
1a	Beginr	ning of year balance .		(a)curren	ic year	(6)	nor yeu		(c) wo y	cars back	(d)Times yes	ars buck (C)	rour years back
b	Contri	butions											
С	Net in	vestment earnings, gair	ns, and losses										
d	Grants	s or scholarships	•										
		expenditures for facilitie rograms	es										
f	Admın	istrative expenses .											
g	End of	f year balance											
2	Provi	ide the estimated percei	ntage of the curre	nt year end	l balance (line 1g	g, colu	mn (a)) held a	s			
а	Boar	d designated or quasi-e	ndowment 🟲										
b	Perm	nanent endowment 🕨											
С	Temp	porarily restricted endov	wment 🟲										
3a	Are t	percentages on lines 2a, here endowment funds nization by		**		on that	are h	eld an	d admını	stered fo	r the		Yes No
	-	nrelated organizations										3a(i)	+
Ь		related organizations . es" on 3a(ii), are the rel			equired or	Scho	 dula P					3a(ii) 3b	
4		es on 3a(II), are the rei ribe in Part XIII the inte	-		•							_ 3D	
	t VI												
:1		Complete if the org			on Forn	n <u>9</u> 90	, Part	IV, lı	ne 11a.	. See Foi	m 990, Pa	rt X, line 1	١٥.
	Descr	iption of property	(a) Cost or oth (investme	er basıs	(b) Cost o			•			lepreciation	•	Book value
1a	Land						22	20,471					220,471
	Buildir	1						08,483			393,619		614,864
		hold improvements						49,091			103,040		46,051
		ment						05,370			2,146,759		558,611

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

23,103 1,463,100

32,346

Part VII Investments—Other Securities. Complete if the	organizat	ion answere	a "Yes" on Form 99	0, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		d of valuation -year market value
1) Financial derivatives				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Investments—Program Related. Complete if the organization answered 'Yes' on Fo		art IV line 1	1c See Form 990	Part Y line 13
(a) Description of investment		ook value	(c) Metho	d of valuation
(1)			Cost or end-of	-year market value
2)				
(3)				
4)				
5)				
6)				
7)				
8)				
9)				
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answered " (a) Description	'Yes' on Forr	n 990, Part I\	/, line 11d See Form 9	990, Part X, line 15 (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.	swered 'Ye	es' on Form	990, Part IV, line 11	▶ Le or 11f.
(a) Description of liability 1) Federal income taxes		(b) Book	value	
ACCRUED PENSION			6,546,630	
			291,325	
DEFERRED COMPENSATION LIABILITIES			l	
DEFERRED COMPENSATION LIABILITIES 3)				
DEFERRED COMPENSATION LIABILITIES 3) 4)				
DEFERRED COMPENSATION LIABILITIES 3) 4) 5)				
DEFERRED COMPENSATION LIABILITIES 3) 4) 5)				
DEFERRED COMPENSATION LIABILITIES (3) (4) (5) (6) (7)				
DEFERRED COMPENSATION LIABILITIES (3) (4) (5) (6)				
DEFERRED COMPENSATION LIABILITIES (3) (4) (5) (6) (7)	•		6,837,955	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

38,158 e 2e 3 3 15,703,155 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

2c

2d

2a 2b

2c

2d

4a

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 624

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

15,703,779 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.

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

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

Donated services and use of facilities . . .

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2018

Part XI

1

c d

1

2

c

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

b

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 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

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

4b

Explanation

5

-20.906

4c

2e

3

-429

Schedule D (Form 990) 2018

Page 4

624

-429

12,258,764

12.258.764

12,258,335

15,741,313

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 13-1085344

Name: NATIONAL COUNCIL FOR AIR AND STREAM

IMPROVEMENT INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IT IS THE COUNCIL'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY THOSE THAT MAY BE CON SIDERED UNCERTAIN ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A MO RE-LIKELY-THAN-NOT THRESHOLD TO DETERMINE IF THE TAX POSITIONS IS UNCERTAIN AND WHAT, IF A NY, THE EFFECT OF THE UNCERTAIN TAX POSITIONS MAY HAVE ON THE FINANCIAL STATEMENTS NO MAT ERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED DURING 2019

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAIN ON CURRENCY EXCHANGE -20,906

S

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON SALE OF FIXED ASSETS INCLUDED IN EXPENSE PER FINANCIAL STATEMENTS 624

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upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	GAIN ON SALE OF FIXED ASSETS -624 GAIN ON CURRENCY EXCHANGE 195					

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493045018180 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT INC 13-1085344 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments fundraising, program and independent specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) 10 PROGRAM SERVICES NORTH AMERICA 1 CONFERENCES & 810,784 CANADIAN PROGRAMS 3a Sub-total 10 810,784 b Total from continuation sheets to Part I 10 810.784 c Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2018

applicable)					
		MARBLED MURRELET PROJECT	7,690		
	NORTH AMERICA	METALS SAMPLE	5,767		

Schedule F (Form 990) 2018

PRO1ECT

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2018	•		•	•			Page 3
				ad States. Complete if	the organization an	nswered "Yes" to Form 99	90, Part IV, line 16.
	duplicated if addition			Т	Т	Т	Т
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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4						Sche [,]	dule F (Form 990) 2018

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3320 and 3320 A, don't me with Form 330)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 54/1)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	☑ No
	3713, don't me with Form 330)	∟ Yes	™ 1/10

Schedule F (Form 990) 2018							
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).						
990 Schede Return Reference	Explanation						
1	l l						

DLN: 93493045018180 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL COUNCIL FOR AIR AND STREAM 13-1085344 IMPROVEMENT 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 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(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) 2018

DELIVERABLES CONTINUATION OF FUNDING IS CONTINGENT ON DEMONSTRATION OF PROGRESS

Schedule I (Form 990) 2018

Page **2**

Explanation

Schedule I (Form 990) 2018

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2

Return Reference

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

WE REQUIRE THAT GRANT RECIPIENTS PREPARE TECHNICAL PROPOSALS AND SIGN AGREEMENTS DESCRIBING PROJECT SCOPE, SCHEDULE, BUDGET, AND

DELIVERABLES FOR LONGER-TERM PROJECTS, WE ALSO REQUIRE PERIODIC PROGRESS REPORTS TO DEMONSTRATE THAT PROJECT IS PROCEEDING TOWARD

Additional Data

Software Version: EIN: 13-1085344

Name: NATIONAL COUNCIL FOR AIR AND STREAM IMPROVEMENT INC.

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (b) FIN

organization or government	(b) Liv	if applicable	grant	cash assistance	(book, FMV, appraisal, other)
MICHIGAN STATE UNIVERSITY	38-6005984	501(C)(3)	112,347		

501(C)(3)

Software ID:

(e) Amount of non- (f) Method of valuation

non-cash assistance

(g) Description of

RETAINED STRUCTURES FORESTRY EXPERIMENT (MANIPULATING RETAINED STRUCTURES TO IMPROVE WILDLIFE VALUE) ELK RIVER ANALYSIS OF DISCHARGE-SUSPENDED SEDIMENT RELATIONSHIPS TO

EXAMINE EFFECTS OF

GEOLOGICAL SETTING AND MANAGEMENT **PRACTICES**

(h) Purpose of grant

or assistance

MICHIGAN STATE UNIVERSITY 38-6005984 CONTRACT GRANT ADMINISTRATION HANNAH ADMINISTRATION BUILDING EAST LANSING, MI 48824 COLORADO STATE 84-6000545 UNIVERSITY SPONSORED PROGRAMS 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523

(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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 58-2495819 96.038 FORESTECH INTERNATIONAL LOBLOLLY PINE WEIGHT LLC & VOLUME

PO BOX 1819 WATKINSVILLE, GA 30677 61-1730890 501(C)(3) 20.000 OREGON STATE UNIVERSITY OFFICE FOR SPONSORED

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

CORVALLIS, OR 97331

INTENSIVE FOREST MANAGEMENT STUDY -RESEARCH AWARD LECOSYSTEM SERVICES ADMIN 312 KERR PUBLICATION ADMINISTRATION BUILD

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance 64-6000819 501(C)(3) 60,000 INFLUENCE OF MISSISSIPPI STATE UNIVERSITY HARDWOOD CONTROL OFFICE OF THE CONTROLLER AND UNDERSTORY

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

AND TREASURER SPONSORED PROGRAMS ACCOUN MISSISSIPPI STATE, MS 39762					VEGETATION ON BIRDS
NATURESERV	52-1884438	501(C)(3)	10,000		BIODIVERSITY METRICS

INATURESERV 5Z-1004430 201(C)(3) 10,000 ACCOUNTS RECEIVABLE 2511 PROJECT **JEFFERSON**

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

DAVIS HWY

ARLINGTON, VA 22202

(b) EIN

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 52-1802251 501(C)(6) 15.000 AMERICAN FOREST & PAPER SECONDARY OZONE ASSOCIATION AND PM2 5 MODELING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PLAIN OF THE SOUTHEASTERN UNITED STATES WITH PARTICULAR FOCUS ON NORTHERN LONG-EARED BATS

1101 K STREET NW SUITE 700
WASHINGTON, DC 20005

TEXAS TECH UNIVERSITY
PO BOX 41105
LUBBOCK, TX 79409

WINTER SITEOCCUPANCY AND
FORAGING ACTIVITY OF
BATS ON THE COASTAL

(d) Amount of cash

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

(c) IRC section

PO BOX 41105 LUBBOCK, TX 79409

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WACHINGTON CTATE 01 6001100 E01(C)(2) E1 071 WILDLIEF HADITAT AND

MATERIAL SHIPPED TO

WASHINGTON STATE

UNIVERSITY FOR CARIBOO PROJECT

WASHINGTON STATE	1 31-9001108	501(C)(3)	51,9/1		MILDLIFE HABITAL AND
UNIVERSITY					NUTR LABORATORY
PO BOX 641039					(CARIBOO PROJECT)
PULLMAN, WA 99164					

6,147

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

ANKOM TECHNOLOGY

2052 ONEIL ROAD

MACEDON, NY 14502

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 101.579 NCASI FOUNDATION 31-1745612 IOPERATING SUPPORT PO BOX 13318

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

RESEARCH TRIANGLE PARK.

NC 27709

efil	e GRAPHIC	print - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	19304	5018	180
Sch	edule J	Comp	ensat	ion Information	00	1B No	1545-0	0047
(For	n 990)			rustees, Key Employees, and Hig	hest			
		► Complete if the organizat	Compensation answ	ated Employees /ered "Yes" on Form 990, Part IV	, line 23.	20	18	}
D	······································		▶ Attach	to Form 990. instructions and the latest inform			to Pul	
•	tment of the Treas al Revenue Servic	· ·	101	mistructions and the latest mion		Insp	ectio	n
	ne of the orga	nization FOR AIR AND STREAM			Employer identificat	ion nu	ımber	
	ROVEMENT INC	TORVING STREAM			13-1085344			
Pa	rt I Que	tions Regarding Compensation						
	Cl. I.I.						Yes	No
1a		propiate box(es) if the organization provides Section A, line 1a Complete Part III to p						
	_	ass or charter travel		Housing allowance or residence for	•			
	_	for companions	님	Payments for business use of perso				
		mnification and gross-up payments	H	Health or social club dues or initiative Personal services (e.g., maid, chauf				
	□ Discret	ionary spending account		rersonal services (e.g., maid, chadi	reur, cher)			
b		poxes in line 1a are checked, did the orga if all of the expenses described above? If			nent or reimbursement	1 b		
2		ization require substantiation prior to reinstees, officers, including the CEO/Executiv			. 1.2	2	Yes	
	directors, tru	stees, officers, including the CEO/Executiv	ve Directo	r, regarding the items checked in line	e lar			
3		h, if any, of the following the filing organi s CEO/Executive Director Check all that a			ne			
		ated organization to establish compensati			n Part III			
	✓ Compe	nsation committee		Written employment contract				
	_ `	ndent compensation consultant	✓	Compensation survey or study				
		90 of other organizations	☑	Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, Pa	art VII, Se	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
	related orgar							
a		rerance payment or change-of-control pay				4a		No
b c	•	, or receive payment from, a supplementa , or receive payment from, an equity-base	•	'		4b 4c		No No
·		y of lines 4a-c, list the persons and provide		-	t III	70		110
		(3), 501(c)(4), and 501(c)(29) orgar		-				
5		sted on Form 990, Part VII, Section A, lin a contingent on the revenues of	e 1a, did	the organization pay or accrue any				
а	The organiza	ion?				5a		
b	Any related o	=				5b		
_	•	ne 5a or 5b, describe in Part III						
6		sted on Form 990, Part VII, Section A, lin contingent on the net earnings of	ie 1a, did	the organization pay or accrue any				
a	The organiza					6a		
b	Any related o	-				6 b		
7	•	ne 6a or 6b, describe in Part III	التناسية من	the average provide and a second	٠.			
7	payments no	sted on Form 990, Part VII, Section A, lin described in lines 5 and 6? If "Yes," described in lines 5.	cribe in Pa	rt III	a	7		
8		ounts reported on Form 990, Part VII, pa e initial contract exception described in Re			escribe	8		
9	If "Yes" on lii 53 4958-6(c)	e 8, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Re	duction Act Notice, see the Instruction	ons for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	compensation Bonus & incentive		(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+		-	
1							
			1				

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

Additional Data

(A) Name and Title

DIRK KROUSKOP

PRESIDENT/CEO

CORPORATE

VIPIN VARMA

PROGRAMS

PAUL WIEGAND

NCASI FELLOW

CRAIG LOEHLE

PHILIP PAGORIA

WATER RESEARCH **ENGINEER** REID MINER

STEPHEN PRISLEY

PRINCIPAL RESEARCH SCIENTIST

PRINCIPAL SCIENTIST

SENIOR NCASI FELLOW

TAMMERAH GARREN

SECRETARY/TREASURER

VICE PRESIDENT, AIR QUALITY & DIRECT

VICE PRESIDENT, FORESTRY

VICE PRESIDENT, WATER RESOURCES & DI ARUN SOMESHWAR

T BENTLY WIGLEY

(1)

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(1)

(1)

m)

(1)

(1)

(ı)

(11)

488,876

216,232

219,237

217,321

237,538

167,096

145,530

145,048

144,854

136,168

(i) Base Compensation

Software ID: **Software Version:**

(B) Breakdown of W-2 and/or 1099-MISC compensation

Bonus & incentive

compensation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

IMPROVEMENT INC

Other reportable

compensation

EIN: 13-1085344

Name: NATIONAL COUNCIL FOR AIR AND STREAM

(C) Retirement and

other deferred

compensation

13,750

11,063

9,000

10,667

12,086

8,548

7,491

7,036

7,243

5,306

(D) Nontaxable

benefits

33,717

30,939

34,160

15,468

32,024

37,279

34,648

10,777

9,509

21,142

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(E) Total of columns

(B)(i)-(D)

536,343

258,234

262,397

243,456

281,648

212,923

187,669

162,861

161,606

162,616

efile GRAPH	IC print - D	O NOT PROCESS	As Filed Data -		DLN:	93493045018180
COLLEBIU	<u> </u>			. =		OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional information					ons on	2018
Department of the T	reasury	▶ Go to <u>ı</u>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name l ይዩ the ነ ዕት g NATIONAL COUNC: IMPROVEMENT INC	IL FOR AIR AND S	STREAM			Employer identi 13-1085344	fication number
990 Schedul	e O, Supplei	mental Informatio	on			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	MEMBER CO	MPANIES WITH CER	RTAIN MANUFACTUR	OTING PRIVILEGES REGULAF ING OPERATIONS OR INDUST MEMBER COMPANIES WITH I	RIAL TIMBERLAN	IDS IN THE UN

Return Explanation

FORM 990,	ACCORDING TO THE ORGANIZATION BY-LAWS, REGULAR AND CANADIAN MEMBERSHIP PROVIDES FOR THE RIGHT
PART VI,	TO ELECT MEMBERS OF THE GOVERNING BODY
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990, THE BOARD HAS ELECTED TO DELEGATE REVIEW OF THE TAX FILINGS TO THE AUDIT SUBCOMMITTEE
PART VI,
SECTION B,
LINE 11B

Return Explanation
Reference

FORM 990, THE PRESIDENT IS REQUIRED UNDER THE CONFLICT OF INTEREST POLICY TO MONITOR COMPLIANCE WITH THAT POLICY AND IDENTIFY POTENTIAL VIOLATIONS TO THE GOVERNING BOARD ON A TIMELY BASIS SECTION B, LINE 12C

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, AT THE DIRECTION OF THE EXECUTIVE COMMITTEE OF THE BOARD, THE PRESIDENT COMPILES A COMPENSATION REPORT THAT DOCUMENTS (I) THE RESULTS OF PUBLISHED SURVEYS OF COMPENSATIO N OF INDIVIDUALS IN SELECTED POSITIONS OF RESPONSIBILITY IN COMPARABLE NON-PROFIT ORGANIZA TIONS, AND (II) THE EXECUTIVE AND KEY EMPLOYEE COMPENSATION REPORTED IN THE FORM 990 REPOR TS OF OTHER, SIMILAR OR RELATED, NON-PROFIT ORGANIZATIONS THIS COMPENSATION REPORT IS PROVIDED TO THE EXECUTIVE COMMITTEE, TOGETHER WITH ANY REQUESTED REFERENCES CITED IN THE REPORT, PRIOR TO THE ANNUAL COMPENSATION SETTING PROCESS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, A SALARY SURVEY IS CONDUCTED OF A SELECT NUMBER OF OUR MEMBER COMPANIES TO DETERMINE THE AVERAGE ANNUAL SALARY INCREASE BUDGETED OR PROJECTED FOR THE COMING YEAR THIS DATA IS USED TO DETERMINE THE OVERALL SALARY INCREASE AMOUNT TO BE PRESENTED TO AND APPROVED BY THE BOARD, IF ANY INDIVIDUAL SALARY INCREASES ARE DETERMINED BASED ON PRE-ESTABLISHED GOALS AND PERFORMANCE EXPECTATIONS OUTLINED IN INDIVIDUAL JOB DESCRIPTIONS THE PRESIDENT'S COMPENSATION WAS LAST REVIEWED IN DECEMBER 2018

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND RECORDS RETENTION POLICY OF THE GOVERNING BOARD ARE PUBLISHED ON THE PUBLIC SECTOR OF THE NCASI WEBSITE THESE POLICIES A ND OTHER GOVERNING DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST NCASI'S AUDITED FINA NCIAL STATEMENTS ARE PROVIDED TO THE MEMBERSHIP UPON REQUEST, BUT ARE NOT AVAILABLE TO THE GENERAL PUBLIC

Return Explanation

Reference	
FORM 990,	UNREALIZED NET PERIODIC PENSION BENEFIT/COST -1,188,925 UNREALIZED GAIN ON CURRENCY EXCHANGE
PART XI.	L-21.101

~ 1,101 LINE 9

990 Schedule O, Supplemental Information

SCHEDULE R

(Form 990)

Related

Complete if the ord

Department of the Treasury

NATIONAL COUNCIL FOR AIR AND STREAM

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

DLN: 93493045018180OMB No 1545-0047

Open to Public Inspection

Employer identification number

IMPROVEMENT INC							13-1	085344				
Part I Identification of Disregarded Entities Complete	ıf the organı	zation answe	red "Yes	on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f Direct coi enti) ntrolling ity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year	·		_				Part I\	· 	cause i			
(a) Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state jn country)	(d Exempt Co	l) de section	Public (if secti	(e) charity status on 501(c)(3))	Dire	(f) ect controlling entity	ent	g) n 512(b) ontrolled tity?
(1)NCASI FOUNDATION 1513 WALNUT STREET SUITE 200 CARY, NC 27511 31-1745612	TO CARRY C CHARITABL NCASI	OUT THE E PURPOSE OF		DE	501(C)(3)		LINE 12	C, III-FI	NCASI		Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Forn	n 990.		Ca	t No 50135	<u></u>				Sche	dule R (Form	990) 2	018

(a) Name, address, and EIN of related organization		(b) Primary activity	Primary Legal	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of (a) Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Schedule R (Form 990) 2018		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	1 Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	\sqsubseteq
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	. 1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	•		
(a) (b) (c)	(d)		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

ras not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
		· · · · · · · · · · · · · · · · · · ·								Schedul	e R (Forn	n 99	0) 2018

