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Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

Open to Public

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection For the 2017 calendar year, or tax year beginning , 2017, and ending Α . 20 C Name of organization Envirocert International D Employer identification number в Check if applicable: Inc Address change Doing business as 26-1439262 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 6 East Medical Court Drive (828)655-1600 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Marion, NC 28752 **G** Gross receipts \$ 1, 338, 897. Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Robert Anderson, 6 East Medical Court Drive, Marion, NC 28752 H(b) Are all subordinates included? 🗌 Yes 🗌 No If "No," attach a list. (see instructions) **X** 501(c) (____501(c)(3) Tax-exempt status: www.envirocertintl.org Website: ► H(c) Group exemption number ► J Form of organization: X Corporation Trust Association Other ► L Year of formation: 2007 M State of legal domicile: NC κ Part I Summarv Briefly describe the organization's mission or most significant activities: To elevate knowledge and inspire 1 inspire conservation of the global environment through professional certification. Activities & Governance 2 Check this box \blacktriangleright 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) 3 б 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 75 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 34 h 7b Ο. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 0 Revenue 9 Program service revenue (Part VIII, line 2g) 1,299,887. 1,227,355 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -39.416.137. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 38,873. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,187,939 1,338,897. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 454,377 537,423. Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) b 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 807,657. 885,762. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,262,034. 1,423,185. -74,095. 19 Revenue less expenses. Subtract line 18 from line 12 -84,288. Beginning of Current Year End of Year Assets or Balances 20 Total assets (Part X, line 16) 625,432 449,536. 21 Total liabilities (Part X, line 26) . -Und 22 Net assets or fund balances. Subtract line 21 from line 20 625,432. 449,536.

Signature Block Part II

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.

			11	/14/2018					
Sign	Signature of officer		Date	9					
Here	Robert Anderson, Execut	tive Director							
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if					
Preparer	Stephen C Corliss	Stephen C Corliss	11/14/2018	self-employed P01333317					
Use Only	Firm's name ► CORLISS & SOLOM	Firm's	s EIN ▶ 20-2571677						
		SUITE #1, ASHEVILLE, NC 28	301-1434 Phon	eno. (828)236-0206					
May the IRS discuss this return with the preparer shown above? (see instructions)									
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 10/16/18 PRO Form 990 (2017)									

Form 99	`
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To elevate knowledge and inspire conservation of the global environment through professional certification.
	professional certification.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,229,871. including grants of \$0.) (Revenue \$1,299,887.)
	Envirocert International Inc. (ECI) is an international, accreditation compliant,
	certification body recognized throughout the United States and over twenty (20)
	countries with over 21,000 certifications awarded over forty (40) years and is the
	national leader in the stormwater certification industry. ECI offers internationally recognized professional certifications, which can be earned by demonstrating
	qualifications based on a combination of education and experience and passsing an exam.
	These certifications cover the regulations, design, and inspection for the construction,
	municipal, stormwater modeling and hydrology, and multi-sector/industrial fields.
	EnviroCert standards assure the stormwater community and regulatory agencies that
	our certificants have the appropriate credentials for stormwater professionals.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$) EnviroCert was established to provide guidelines for the practice of Stormwater Quality
	(CPSWQ), Erosion and Sediment Control (CPESC), Municipal Stormwater Management (CPMSM),
	Stormwater Inspections (CESSWI), and Industrial Stormwater Management (CPISM).
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,229,871.

Form 99	Form 990 (2017) Page 3							
Part	V Checklist of Required Schedules							
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A							
•		1		×				
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		×				
3	candidates for public office? If "Yes," complete Schedule C, Part I	3						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		×				
-	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		×				
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		×				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III	8		×				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a							
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV							
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		×				
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		×				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×					
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×				
с	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×				
d		110						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×				
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×				
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII	12a		×				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If							
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×				
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×				
b	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		×				
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		×				
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×				
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×				
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×				
	If "Yes," complete Schedule G, Part III	19		×				

Form **990** (2017)

Form 99	Form 990 (2017) Page 4									
Part	V Checklist of Required Schedules (continued)									
			Yes	No						
20 a	5	20a		×						
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b								
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×						
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c								
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		×						
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	200 28c		×						
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×						
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×						
	Part I	31		×						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×						
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		v						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	×	×						
			000	(0017)						

Form 99	Page 5								
Part	V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
	· · ·		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and								
	reportable gaming (gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .		~						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×					
b	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								
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
		4a		×					
h	If "Vec" appendix the name of the foreign equation "	τa							
b									
	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		~					
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>×</u>					
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u>×</u>					
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50							
Ua		60		~					
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a							
b		Ch							
-	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 services provided to the payor?	-							
		7a							
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							
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							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
~	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b							

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		×
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	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	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	ו 2		×
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?	t 3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
b	one or more members of the governing body?	7a		×
b	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ļ		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	, 12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	y		
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	′		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	t 16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►	-	(-)(0)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Secti available for public inspection. Indicate how you made these available. Check all that apply.	on 501((c)(3)s	only)
	\square Own website \square Another's website \blacksquare Upon request \square Other <i>(explain in Schedule O)</i>			

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: ► Melissa Mckinney, 6 EAST MEDICAL COURT DRIVE, Marion, NC 28752 (828)803-3564

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					·
(A)	(B)	(do n	ot of		ition	than a		(D)	(E)	(F)
Name and Title	Average	· ·	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week (list any		-		1	or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Officer Institutional trustee Individual trustee		Former Highest compensated employee Key employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Robert Anderson	26.90									
President/Executive Director	20.50	×		×				0.	0.	0.
(2) Mark Goldsmith	1.90									
Vice President		×		×				0.	0.	0.
(3) Alan Black	9.60									
Treasurer		×		×				0.	0.	0.
(4) Mike Chase	1.15	×		×						0
Secretary	1 1 5	^		^				0.	0.	0.
(5) John Peterson Director	1.15	×						0.	0.	0.
(6) Francisco Urueta	1.15							0.	0.	0.
Director		×						0.	0.	0.
(7)										
(8)		-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	1			ļ	L		L	1		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (continu	ied)	
					(C							
	(A)	(B)	(do n	ot ch	Posi ieck i		e than c	ne	(D)	(E)	(F)	
	Name and title	Average					is both		Reportable	Reportable	Estimated	
		hours per					or/trust		compensation	compensation from	amount of	
		week (list any hours for	9 J	iu l	Q	ž	en Hi	F	from the	related organizations	other compensatio	'n
		related	divi	stitu	Officer	Key employee	ghe	Former	organization	(W-2/1099-MISC)	from the	л
		organizations	ect	Jtio	4	μ	est o	ę	(W-2/1099-MISC)	()	organization	ı
		below dotted	우별	nal		bloy	e		,		and related	I.
		line)	Individual trustee or director	tru		ee	Ipe				organization	s
			ee	Institutional trustee			Highest compensated employee					
				e			ted					
15)			-									
16)												
10,												
17)												
18)												
,			-									
19)												
20)												
21)												
22)												
23)												
24)			-									
25)												
1b				•	-		-		0.	0.		(
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•		• •	·		0.	0.		(
2	Total number of individuals (including bu						ahove				l of	
-	reportable compensation from the organ			030	150	eu i	above	<i>,</i> w				
	repertable compensation nom the organ											—

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	×
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	×
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	5	×

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►		

Form 990 (2017)

	90 (201						Page 9
Part	VIII	Statement of Revenue			B · · · ////		_
		Check if Schedule O contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f					
Contril and Of	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f					
			Business Code				
Program Service Revenue		ECI and Private Training Renewal Fees	611430 611430	226,889. 720,122.	226,889.	0. 0.	0.
ice	с	Application Fees	611430	217,753.	217,753.	0.	0.
Ser V	d	Conference Fees	611430	65,064.	65,064.	0.	0.
E		ECI Test Fee	611430	41,494.	41,494.	0.	0.
gra	f	All other program service revenue .		28,565.	28,565.	0.	0.
Pro	g	Total. Add lines 2a–2f		1,299,887.	• 1		
	3	Investment income (including divid and other similar amounts)	ends, interest, · · · ▶	137.	0.	0.	137.
	4	Income from investment of tax-exempt b					
	5	Royalties	► (ii) Personal	_			
	6a b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses .		-			
	c d	Gain or (loss) Net gain or (loss)	· · · · >				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Othe		Less: direct expenses b	,				
	с 9а	Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19a					
	b c	Less: direct expenses b Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less returns and allowances a		-			
	b	Less: cost of goods sold b					
ļ	С	Net income or (loss) from sales of inv		3,680.	3,680.	0.	0.
ļ		Miscellaneous Revenue	Business Code				
	11a b	3rd Party Credit Card Fees Miscellaneous	900099 900099	34,956. 237.	0.	0.	34,956. 237.
	С						
	d	All other revenue					
	е	Total. Add lines 11a–11d	►	35,193.			
	12	Total revenue. See instructions.	•	1,338,897.	1,303,567.	0.	35,330.

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a response				
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	433,517. 2,766.	390,165. 2,489.	43,352.	0.
9	Other employee benefits	62,220.	55,998.	6,222.	0.
10	Payroll taxes	38,920.	35,028.	3,892.	0.
11	Fees for services (non-employees):				
а	Management				
b	Legal	50,598.	25,299.	25,299.	
С	Accounting	10,740.	5,370.	5,370.	0.
d	Lobbying				
е	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.)	22,512.	22,512.	0.	0.
12	Advertising and promotion	26,053.	23,184.	2,869.	
13	Office expenses	115,949.	98,780.	17,169.	
14	Information technology	80,525.	80,525.		
15	Royalties				
16	Occupancy	44,796.	22,398.	22,398.	
17	Travel	120,221.	95,695.	24,526.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	173,719.	173,719.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	73,579.	58,863.	14,716.	0.
23	Insurance				
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	Awards Ceremony	70,216.	70,216.	0.	0.
b	Credit Card Fees	40,579.	40,579.	0.	0.
C	WorkBook Update	5,036.	5,036.		
d	BOD/Staff Workshop	28,119.	22,495.	5,624.	
e	All other expenses	23,120.	1,520.	21,600.	0.
25		1,423,185.	1,229,871.	193,314.	0.
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)				
					Earm 000 (2017

Form 990 (2017)

Part)				
	Check if Schedule O contains a response or note to any line in this Par			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	161,294.	1	111,526.
2	Savings and temporary cash investments	321,673.	2	266,757.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	50.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
7 Assets			8	
9	Prepaid expenses and deferred charges		9	
10a			J	
	other basis. Complete Part VI of Schedule D 10a 291,700.			
b		127,123.	10c	59,196.
11	Investments-publicly traded securities	•	11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets	13,342.	14	10,007
15	Other assets. See Part IV, line 11	2,000.	15	2,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	625,432.	16	449,536
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ap	disqualified persons. Complete Part II of Schedule L		22	
~~	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
			25	
26	Total liabilities. Add lines 17 through 25		26	
ß	Organizations that follow SFAS 117 (ASC 958), check here ► 🗶 and complete lines 27 through 29, and lines 33 and 34.			
27 28 28 29 29	Unrestricted net assets	625,432.	27	449,536.
28	Temporarily restricted net assets		28	
<u>p</u> 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
ຍ ຍິ 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of 30 31 32 32 33	Retained earnings, endowment, accumulated income, or other funds		32	
N 33	Total net assets or fund balances	625,432.	33	449,536.
34	Total liabilities and net assets/fund balances	625,432.	34	449,536.

Form **990** (2017)

Part	XI Reconciliation of Net Assets				-
- care	Check if Schedule O contains a response or note to any line in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)		1,338		
2	Total expenses (must equal Part IX, column (A), line 25)		1,423		-
3	Revenue less expenses. Subtract line 2 from line 1			,28	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			5,43	
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses	-			
8	Prior period adjustments		-115	5,00	
9	Other changes in net assets or fund balances (explain in Schedule O)		23	3,39	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)))	449	9,53	1
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
			Y	'es I	ł
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		•
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	l or			ľ
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited o	on a			l
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversit	ight			Ì
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	n in			I
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in			Ì
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				•
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form		

Destruct of the Integry integr	SCHEDULE D (Form 990)		Supplement Complete if the or	OMB No. 1545-0047			
Convertise of the organization in the second s	Departm	ent of the Treasurv			Open to Public		
Part U Corganization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Internal	Revenue Service	► Go to www.irs.gov/Form	990 for instructions and the latest inform	mation.		Inspection
2011 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (e) Donor advised funds 2 Aggregate value of contributions to (during year) (e) Donor advised funds 3 Aggregate value of contributions to (during year) (e) Donor advised funds (f) Funds and other accounts 4 Aggregate value of contributions to (during year) (e) Donor advised funds (f) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private banefit? Yes No 2011 Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(g) oconservation easements hold by the organization (check all that apply). Proservation of land for public use (e.g., recreation or education) Preservation of a cortified historic structure 1 Protection of natural habitat (e) Conservation easements in during after 72.066, and not on a labori tran Year 2 Complete ines 2a through 2d if the organization heid a qualified conservation contribution in the lot ording the tax Year 3 Total number of conservation easements incud	Name o	f the organization			Employ	er ide	ntification number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year . 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements. Complete if the organization held a qualified conservation of a historically important land area asement on fall and public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements and entified thistoric structure Complete inthe asset advisor assements 2a 1 Total number of conservation easements 2a 2 2a 2a 3 Number of conservation ease	-						
(e) Door advised funds (b) Funds and other accounts 2 Aggregate value of orthibutions to (during year) (c) Door advised funds 3 Aggregate value of orthibutions to (during year) (c) Door advised funds (c) Door advised funds 5 Did the organization inform all grantees, doorse, and door advisors in writing that the assets held in door advised funds are the organization's property, subject to the organization's exclusive legal control? (c) Press No 6 Did the organization inform all grantees, doorse, and door advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the door or door advisor, or for any other purpose conferring impermissible private benefit? (c) No 6 Did the organization assements held by the organization (neck all that apply). (c) Preservation of a historic structure (c) Propose(s) of conservation esaments held by the organization (neck all that apply). (c) Preservation of a certified historic structure (c) Preservation of a dor the organization held a qualified conservation of a historic structure. (c) Preservation of a late the End of the Tax Year 8 Total acreage restricted by conservation esaments. (c) Door advised, or terminated by the organization during the tax year 9 Total acreage restricted by conservation esaments. (c) Door advised or terminated by the organization during the tax year 1	Par					Acco	ounts.
1 Total number at end of year		Comple	ete if the organization answered				
Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year Yes No Destruit Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historic structure Pretextuant of and for public use (e.g., recreation or education) Preservation of a historic structure Pretextuant of natural habitat Pretextuant of a during year. Total number of conservation easements Aumber of conservation easements Number of states where property subject to conservation easements Number of states where property subject to conservation easements Number of states where property subject to conservation easements is located ▶ Number of states where property subject to conservation easements is included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements in the revenue and exp				(a) Donor advised funds		(b) ⊦	unds and other accounts
3 Aggregate value of grants from (during year). 4 Aggregate value of grants from (during year). 5 Did the organization's property, subject to the organization's exclusive legal control?. Aggregate value at on granization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, chores, and choror advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? 7 Complete if the organization nare severed "Yes" on Form '990. Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) — Preservation of a citified historic structure Preservation of a conservation easements. 2 Complete lines 2a through 2d if the organization held a qualified conservation cancentration accentration easements. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Complete lines 2a through 2d if the organization held a qualified conservation conservation easements. 2 a 2 total arrange restricted by conservation easements. 2 a 3 Total acreage restricted by conservation easements. 2 a 3 Total acreage restricted by conservation easements. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 6 Number of states where property subject to conservation easements is			-				
A Aggregate value at end of year							
 5 Did the organization inform all donors and donor advisors in writing that the assets held in doors advised funds are the organization's property, subject to the organization's acultavie legal control?							
tunds are the organization's property, subject to the organization's exclusive legal control?						-l	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No PartIII Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total arceage restricted by conservation easements. 2 Dues the of conservation easements included in (a) and area interest of the organization held a qualified conservation contribution in the form of a conservation a conservation easements included in (b) cacquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) cacquired after 7/25/06, and not on a historic structure listed in the National Register 4 Number of states where property subject to conservation easements is located > 5 Does the organization nave a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year >> 6 Staff and volunteer hours devide to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >> 6 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)	5	•		-			
only for charitable purposes and not for the benefit of the donor or door advisor, or for any other purpose conferring impermissible private benefit? Yes □ No PartII Conservation Easements.	~						
Part II Conservation Easements. Yes No Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements Preservation of and conservation easements Preservation of and conservation easements Preservation education Preservation education Preservation education Preservation education Preservation Preservation education Preservation Preservation Preservation education Preservation	6						
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure 2 Protection of natural habitat Preservation of a certified historic structure 3 Preservation of conservation easements 2a 4 Preservation of conservation easements on a certified historic structure included in (a) 2c 5 Number of conservation easements on a certified historic structure included in (a) 2c 6 Number of conservation easements on a certified historic structure included in (a) 2c 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easements included in (violations, and enforciements during the year list holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements with the organization reports conservation easements in the dors? 8 Does the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements during the year linotal statements of sec					-	other	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a conservation easements Preservation of a conservation easement on the last day of the tax year. Preservation of conservation easements 2a Preservation of and the tax Year. Complete ines 2a through 20 if the conservation easements 2a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in bids? 6 Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in its reveue and expense statement, and balance sheet, and include, if applicable, the text of the foonoot's financial statements that describes the or	Dar					•	
1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of a historically important land area ☐ Preservation of a historic structure ☐ Preservation of a historic structure ☐ Preservation of a historic structure ☐ Preservation of a conservation easement on the last day of the tax year. Important land acreage restricted by conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 3 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not na historic structure listed in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in tolds? 4 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements to tholds? 5 Does the organization have a written policy regarding the periodic monitoring inspection, handling of violations, and enforcing conservation easements to tolds? <	r ai			"Ves" on Form 990 Part IV line 7			
□ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Pretection of natural habitat □ Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements	1						
□ Protection of natural habitat □ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements	1		-		f a hiet	orical	ly important land area
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements . 2a c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on at historic structure listed in the National Register 2d 3 Number of states where property subject to conservation easement is located ▶ C Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes □ No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >							
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Part IIII Organizations deviations accounting Collections of Art, Historical Treasures, or Other Similar assets (continued) Image: Control Content Control Control Control Contro Control Control Con	Schedu	le D (Form 990) 2017							Page 2
collection items (check all that apply): a Pable exhibition b Scholarly research c Preservation for future generations's collections and explain how they further the organization's exempt purpose in Part Xill. c Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be soil to raise funds rather than to be maintained as part of the organization's collection? Ives No Part VI Exercise 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, inc 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990 Part X, inc 21. Include on Form 990 Part X / inc 21. d B did no form 990 Part X, inc 21. Include on Form 990 Part X, inc 21. Include on Form 990 Part X, inc 21. d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Ending balance. Include on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No d Additions during the year Include on Form 990, Part X, line 10. Complete if the organization answe	Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar As	sets (continued)
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included on Form 990, Part X?			answered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an an	nount on Form
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (d) Current year (e) Prior year (e) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (f) Three symmetheses (f) Three years back (f) Three years back (f) Four years back d Grants or scholarships (f) (f) (f) (f) (f) c Other expenditures for facilities and programs (f) (f) (f) (f) g End of year balance (f) (f) (f) (f) (f) g End of year balance ////////////////////////////////////	<u>2</u> a	Did the organization include an amour	nt on Form 990, P	art X, line	21, for e	scrow or cu	ustodia	l account liability	? 🗌 Yes 🗌 No
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b Contributions			(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
losses Image: Solution of property Image: Solution of property Image: Solution of property Image: Solution of property Image: Solution of Soluti	b								
e Other expenditures for facilities and programs	С								
programs	d	-							
g End of year balance	е	-							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) restrict of property (a) Cost or other basis (other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (other) (other) (d) Book value (other) (d) Book value (d) Book value (d) Book value (other) (d) Book value (other)	g	End of year balance							
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c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowmer	nt 🕨	%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (i) unrelated organizations (ii) related organizations (iii) related organization answered (ives) (ives)	b	Permanent endowment	%						
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organization by: Yes No (i) unrelated organizations 3a(i) 3b		The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 17,622. c Leasehold improvements 17,622. d Equipment 68,081. e 0ther 205,997. 185,518. 20,479.	3a	Are there endowment funds not in the	e possession of th	ne organi	zation the	at are held	and ad	ministered for th	e
(ii) related organizations iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? iii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings Image: Second Sec		organization by:							Yes No
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land 10 10 10 b Buildings 117,622 1,469 16,153 c Leasehold improvements 117,622 1,469 16,153 d Equipment 68,081 45,517 22,564 e Other 205,997 185,518 20,479		(ii) related organizations							3a(ii)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land 17,622. 1,469. 16,153. b Buildings 17,622. 1,469. 16,153. c Leasehold improvements 68,081. 45,517. 22,564. e Other 205,997. 185,518. 20,479.	b	If "Yes" on line 3a(ii), are the related of	rganizations listed	l as requi	red on So	chedule R?			3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLandbBuildingscLeasehold improvements17,6221,469.16,153dEquipmenteOther	4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment f	unds.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land .	Part	VI Land, Buildings, and Equip	oment.						
Image: Non-Structure Image: No		Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 11a.	See Form 990,	Part X, line 10.
b Buildings Image: Constraint of the state of th		Description of property	• • •				• • •		(d) Book value
c Leasehold improvements 17,622 1,469 16,153 d Equipment 68,081 45,517 22,564 e Other 205,997 185,518 20,479	1a	Land							
d Equipment	b	Buildings							
d Equipment	с	Leasehold improvements				17,622.		1,469.	16,153.
e Other	d	-				68,081.		45,517.	
	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	K, columr	n (B), line 10)c.) .		

Schedule D (Form 990) 2017 Page 3 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value Financial derivatives . (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2017				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Retu	m.
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	L		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>)			5	
Part	XIII Supplemental Information.	,			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Fo	orm 990) 2017	Page 5
Part XIII		

SCHEDULE O (Form 990 or 990-EZ)				
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection	
Name of the organization		Employer identifica	-	
Envirocert Inte	cnational Inc.	26-1439262		
Pt VI, Line 11b	Prior to filing, a copy of the return is distrib	outed to the		
board of direct	ors. The return is reviewed by each board member.	An electron	ic	
vote to accept	the return is taken prior to the return being sign	ed and file	d.	
Pt VI, Line 12c	Annually the officers review the conflict of int	erest polic	У	
to enforce.				
Pt VI, Line 19:	Documentation is given to the public by written r	request to t	he	
organization.				
Pt III, Line 2:	Envirocert International Inc. launched Industrial	Stormwater		
Management (CPI	SM) its fifth certification service that it offers	3.		
Pt XI: Changes	to the 2016 balance sheet were made after the 2016	5 Form 990 w	as	
filed.				
Pt IX, Line 11g				
Description: (Dutside Technical Support			
Total: \$7,921				
Program servi	ces: \$7,921			
Management and	d general: \$0			
Fundraising:	\$0			
Description: '	Technical/Outside Consultant			
Total: \$14,59	L			
Program servi	ces: \$14,591			
Management and	d general: \$0			
Fundraising:	\$0			
Pt IX, Line 24e				
	Miscellaneous Expense			
Total: \$1,320				
. , , , , , , , , , , , , , , , , , , ,				

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Envirocert International Inc.	26-1439262
Program services: \$660	
Management and general: \$660	
Fundraising: \$0	
Description: BOD/Office Holiday	
Total: \$20,051	
Program services: \$0	
Management and general: \$20,051	
Fundraising: \$0	
Description: BOD Direction-Municipal Outreach	
Total: \$889	
Program services: \$0	
Management and general: \$889	
Fundraising: \$0	
Description: Memberships	
Total: \$860	
Program services: \$860	
Management and general: \$0	
Fundraising: \$0	

for an Excmpt Organization	0070 E0	IRS e-file Signat	ure Authorization	ан С	1
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International Inc. 26-1439262 ame and We of diffeer 26-1439262 Part International Inc. 26-1639262 Part I	Department of the Treasury nternal Revenue Service	Do not send to the IF	IS. Keep for your records.		2017
arre and tille of officer PARLI Type of Return and Return Information (Whole Dollars Only) Prack the box for the rotum for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If y heack the box for the rotum for which you are using this Form 8879-EO and enter the applicable into the start in the anothin to the Rat in the applicable into the start in the applicable into the start into and line in Part I. a Form 9900-Check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) th 1,.338,.897 a Form 9900-Check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) th 1,.338,.897 a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) th 1,.338,.897 a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) th 1,.338,.897 a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) th 1,.338,.897 a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) th th a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) the th a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) the the a Form 9900-Check here ▶ b Total tax (Form 1120-POL, line 22) the the a Form 9900-C	Name of exempt organization	'n		Employer identificat	on number
Part II Type of Return and Return Information (Whole Dollars Only) back the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed. The return being filed with this form was blank, the average of the applicable line below. Bo not complete more than one line in Part I. a Form 990-Exclusion being file form 480-PSC and an other 90. b 1 total revenue, if any (Form 990, Part VIII, column (A), line 12) the 1, 338, 697 a Form 990-Exclusion being being file form 480-PGC and none file in Part I. a form 990, Part VIII, esclusion being file form 480-PFC, Part VI, line 5) the 1, 338, 697 a Form 990-Exclusion being being file form 480-PGC and file 9) b 1 total revenue, if any (Form 990-F, Ine 92) the 1, 338, 697 a Form 990-Exclusion and Signature Authorization of Officer b 1 total tax (Form 1120-POL, line 22) the 1, 338, 697 a Form 990-Exclusion and Signature Authorization of Officer b 1 total tax (Form 1120-POL, line 22) the 1 a Form 990-Exclusion and Signature Authorization of Officer form 890-Exclusion and Signature Authorization of Officer Inder panalities of periumy, I doclare that I am an officer of the above organization and that I have examined a copy of the granization's action in return to the IRS and to receive form the IRS (a) an acknowledgement of receipt reasons for regication of the arganization's return to the IRS and to receive form the IRS (a) an acknowledgement of acceipt reson for enal diaget in anceial institution account indicated in that any processing the return or sind	Envirocert Inte Name and title of officer	ernational Inc.		26-1439262	
Theck the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, fir any, from the return. If y heck the box on line 1a, 2a, 3a, 4a, or 5a, bokw, and the amount on that line for the return being filed with this form was blank, the applicable line below. Do not complete more than one line in Part I. a Form 990-E2 check here ▶ □ b Total revenue, if any (Form 990, Part VII, column (A), line 12) the 1, 338, 489 a Form 990-C2 check here ▶ □ b Total revenue, if any (Form 990, Part VII, column (A), line 12) the 1, 338, 489 a Form 990-P2 check here ▶ □ b Total revenue, if any (Form 990, PEZ, line 9). 2b a Form 990-P2 check here ▶ □ b Total revenue, if any (Form 990, PEZ, line 9). 2b a Form 980-P2 check here ▶ □ b Tota based on investment income (Form 980-PF, Part VI, line 5) 4b a Form 980-P2 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b Part II Declaration and Signature Authorization of Officer Inder penalties of pelyiny. I declare that 1 am an officer of the above organization and that 1 have examined a copy of the results of pelyiny. I declare that 1 am an officer of the above organization and that 1 have examined a copy of the results of pelying. I declare that 1 am an officer of the above organization and any thich was delay. In the result of a strangent of resolution of a strangent familia (Mittanayal (Interdeclare) or familia (Mittanayal (Interdeclare) or famoton or figintator (FEQ) os end the organization's tel	Robert Anderson	n, Executive Director Return and Return Information (Whole	Dollars Only)		
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Inder penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the granization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, there true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the granization's electronic return originator (ERO) send the organization's return to the IRS And to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I uthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the nancial institution account indicated in the tax preparations oftware for payment of the organization's federal taxes owed on this sturn, and the financial institution debit the entry to this account. To revoke a payment, i must contact the U.S. Treasury Financia esolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's federal taxes or easons or selectronic funds withdrawal. Ifficer's PIN: check one box only I al unthorize <u>CORLISS & SOLMON</u> , <u>PLLC</u> to enter my PIN As an officer of the organization, we applicable of the return is disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return is being filed with a state agency(les) regulating charities as part of the Fie/State program, I also authorize the aforementione ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return is being filed with a state agency(les) regulating charities as part of the IRS Fie/State program, I will enter my PIN on t	2a Form 990-EZ cheo 3a Form 1120-POL cl 4a Form 990-PF cheo	b Total revenue, if any (Formation 1) heck here □ b Total tax (Form 1120- ck here □ b Tax based on investment	m 990-EZ, line 9) POL, line 22) income (Form 990-PF, Part \	 /I, line 5)	3b 4b
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