Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED JAN 2 4 2017

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ĀĪ	For the	2016 calenda	ar year, or tax year beginning , 2016, and ending		, 20
B	Check if ap	oplicable:	C Name of organization D I	Employer	identification number
	Address c	hange	Youth Learning as Environmental Citizen Scientists		47-1243337
	Name cha	inge		Telephone	number
=	Initial retui		1920 Quincy Street, NW		2023020302
=	Final return Amended	n/terminated		Group Ex	cemption
=		n pending	Washington, DC 20011	Number	>
G /	Account	ting Method:		ck ▶ [if the organization is not
	N ebsite				ttach Schedule B
J T	ах-ехеп	npt status (che	ock only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (For	m 990, 9	90-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass		
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructio	ns for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .		<i>.</i> 🗆
	1		ons, gifts, grants, and similar amounts received		79261
	2	Program se	ervice revenue including government fees and contracts	. 2	
	3	_	ip dues and assessments	. 3	
	4	Investment	tincome	. 4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	Ь	Less: cost	or other basis and sales expenses		
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming an	d fundraising events		
	а	Gross inc	ome from gaming (attach Schedule G if greater than		
3	ļ	\$15,000) .	6a		
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions	_1	
æ			aising events reported on line 1) (attach Schedule G if the		
		sum of suc	th gross income and contributions exceeds \$15,000) 6b		
	C		t expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
		line 6c) .	·	· 6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	: <u> </u>
	8		nue (describe in Schedule O)	. 8	<u> </u>
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	79261
	10		similar amounts paid (list in Schedule O) ,	. 10	
	11	•	aid to or for members	. 11	
Expenses	12		ther compensation, and employee benefits	. 12	
ens	13		al fees and other payments to independent contractors. y, rent, utilities, and maintenance	. 13	
Š	14	-	16.71	. 14	-
Ш] .0		ublications, postage, and shipping	. 15	
	16		enses (describe in Schedule O)	16	
	17	Total expe	enses. Add lines 10 through 16	17	-
ş	18		(deficit) for the year (Subtract line 17 from line 9)	18	-6492
SSe	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with faury reported on prior year's return)		
Ž	0.5	•	ar figure reported on prior year's return)	· 19	
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	. 20	
	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	27757
L-0		ware Darinat	TOD DOT BIOTION CON The connectte instructions		Co MANUEL IN # /0010

or Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

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Form	990-EZ (2016)					Page 2				
Pa	rt II Balance Sheets (see the instructions f	or Part II)		· 						
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗖				
				(A) Beginning of year		(B) End of year				
22	Cash, savings, and investments			34249	22	27757				
23	Land and buildings	<i>.</i>			23					
24	Other assets (describe in Schedule O)				24					
25	Total assets			34249	25	27757				
26	Total liabilities (describe in Schedule O)				_					
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	34249		27757				
						2770				
		•		,	1	Expenses				
Wha		· · · · · · · · · · · · · · · · · · · 	 							
										
Desc	conde the organization's program service accomplis	snments for each of	i its three largest p	rogram services,						
	ons benefited, and other relevant information for ea		s services provided	i, the number of		-				
28	the state of the s									
20					i					
				ions; over 100	ļ	ļ				
-					288	45504				
29										
			y involving youth ch	osen by the	1					
	medalist; the organization engages thousands of peo									
					2 9a	10000				
30						1				
				and beyond	ŀ	-				
	to engage their students in environmental science; 1				ł					
31	Other program services (describe in Schedule O)				l	1				
					31a	14330				
32										
Par					nstru	ctions for Part IV)				
	Check if the organization used Schedule	O to respond to ar				<u> </u>				
		(b) Average		(d) Health benefits,	eel (e)	Fetimated amount of				
	(a) Name and title		(Forms W-2/1099-MISC							
		(A) Beginning of year 34249 22 27757 23 24 27757 23 24 24 27757 (B) Ind of year 34249 25 27757 (C) 26 34249 25 27757 (D) 26 34249 25 27757 (E) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Average (S) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Average (S) Accomplishments (see the instructions for Part III) 34249 27 27757 (E) Average (S) End of year 34249 25 27757 (E) End of year 34249 25 27 27757 (E) Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) (E) Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) (E) Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) (E) Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) (E) Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) (Expenses (Required for section 501(c)(4) organizations, optional for others. (Expenses (Required for section 501(c)(4) organizations, optional for others. (Expenses (Required for section 501(c)(4) organizations, optional for others. (Expenses (Required for section 501(c)(4) organizations, optional for others. (Expenses (Required for section 501(c)(4) organizations, optional for others. (Expenses (Required for section 501(c)(4) organization 501(c)(4) organizations, optional for others. (E) Ex								
Dixo	n M Butler, President			Į	ı					
		16		<u> </u>	0	(
Ann	Davison, Treasurer									
		1	<u> </u>)	0					
Keith	Wheeler, Secretary]						
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Jen A	Anderson				\top					
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Fait	Other Information (Note the Schedule A and personal benefit contract statement requirements			_
	' instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		Y
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	}	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-	ļ	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		i 	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u> </u> 	/
41	List the states with which a copy of this return is filed ▶ none		<u> </u>	············
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

								Yes	No
46 '	Did th	ne organization engage, directly or in adidates for public office? If "Yes," c	directly, in political c	ampaign activities o	n behalf of	for in opposit	ion		
Part \		Section 501(c)(3) organizations		Part 1	<u>· · · · · · · · · · · · · · · · · · · </u>		·4	6	1
rait		All section 501(c)(3) organizations		stions 47–49b and	1.52. and	complete th	e table:	s for lin	nes
		50 and 51.	4_0		. 02, 0	p			.00
	1	Check if the organization used Sch	nedule O to respond	to any question in	this Part	/I			. 🗆
								Yes	No
		ne organization engage in lobbying		section 501(h) elect	ion in effe	ct during the	tax 🗍		
	-	If "Yes," complete Schedule C, Part					· 4	7	1
		organization a school as described in					· -	8	1
		ne organization make any transfers to					├)a	↓ ✓
		s," was the related organization a se plete this table for the organization's			<i></i>			9b	nd kov
50	emplo	byees) who each received more than	\$100 000 of compen	sated employees (or isation from the ord	mer man o anization l	f there is non	ors, trus e. enter	"None.	iu key
			(b) Average	(c) Reportable		alth benefits,	-		
	(a)	Name and title of each employee	hours per week	compensation	honofit nia	ons to employee ns, and deferred		nated amo compensa	
			devoted to position	(Forms W-2/1099-MISC		pensation	Outer	-orribarise	10011
							_		
<u> </u>					<u> </u>				
 ,			· · · · · · · · · · · · · · · · · · ·					·	
					1				
		number of other employees paid over							
51	Comp \$100	plete this table for the organization's 000 of compensation from the orga	s five highest compe nization. If there is no	ensated independer one enter "None"	it contract	ors who each	receiv	ed mor	e than
				ľ		T			
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	(c) Compensation				
						Į			
									
				ļ		<u> </u>			
									
				}					
						+			
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) org	janizations	must attacl		_	
	<u>-</u> -		<u> </u>				.▶☑ Y		No_
Under pe	nalties	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and state	ments, and to	the best of my ki	nowledge	and belie	f, it is
	1				a rias arry idio	A Z Z	-/7		
Sign		Signature of officer	Resident			Date Date	UI I		
Here	- 1	DIMN or Butle.	Resident	1		*			
		Type or print name and title	,		·	··········			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check [" bu	N	
Prepa	arer		<u> </u>			self-emplo			
Use (Firm's name ▶	·····			Firm's EIN ▶	· · · · · ·		
		Firm's address	r phouse obough Con	instructions		Phone no.	<u> </u>	es 🔲	Ne
iviay tn	ら にしり	discuss this return with the preparer	SHOWH ADDIVE! JEB	การถนบเปปกร			- ⊔!	153 L J	No

Form 990-EZ (2016)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Name	of the o	rganization			-		Employer identification	number
		ing as Environmental Citizen					47-12	
Par		Reason for Public Char						ns.
The c	_	ation is not a private founda			-	-	•	
1		church, convention of church						
		school described in section		•			• •	
3 4		nospital or a cooperative hos medical research organizatio		•			., ., .	(iii) Enter the
-		spital's name, city, and state		onjunotion with a noof	ma desc	indea iii a	couon mologrigadi	ini). Elitor the
5	section 170(b)(1)(A)(iv). (Complete Part II.) 6							
6	□ A1	ederal, state, or local gover	nment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7	☐ An		receives a subs	tantial part of its supp				n the general public
8	□ A d	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or							
10	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
11	☐ An	organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
12		•	•	•			•	•
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integits supported organization(ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instructionally integrated).	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or l	ization received Type III non-func	a written determination	on from th	ne IRS the	at it is a Type I, Type ion.	e II, Type III
f	Ente	r the number of supported o						
g	Prov	ride the following information	about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)		······································						
(D)								
(E)								
Total			 	 	 -	 		}

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Part	II Support Schedule for Organiza	itions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	ļ					<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>		-	ear as a sectio	
	on C. Computation of Public Suppor					T	
14	Public support percentage for 2016 (line 6		=			14	<u>%</u>
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi box and stop here. The organization qual	zation did not	check the box		nd line 14 is 3		
b	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst umstances" te	ances" test, cl	neck this box	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	4.1001 1.10 10	oto notou pon	our, picase co.	iipioto i arcii	•/	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(2) 2012	(5) 2010	(6) 2011	(4) 2010	(0) 20 10	(1) 1014
	received. (Do not include any "unusual grants.")	L	<u> </u>	75000	75800	79261	230061
2	Gross receipts from admissions, merchandise	 					
	sold or services performed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	I	ļ		Į		
	unrelated trade or business under section 513						
4	Tax revenues levied for the	; [1		
	organization's benefit and either paid				ļ		
_	to or expended on its behalf						
5	The value of services or facilities				ļ		
	furnished by a governmental unit to the organization without charge		İ		ĺ		
6	Total. Add lines 1 through 5		 	75000	75000	70204	220001
	Amounts included on lines 1, 2, and 3	 	 	75000	75800	79261	230061
	received from disqualified persons .			75000	75000	75100	225100
b	Amounts included on lines 2 and 3		 	73000	73000	73100	223100
	received from other than disqualified			ļ	ţ		
	persons that exceed the greater of \$5,000				į		
	or 1% of the amount on line 13 for the year			<u> </u>			
C	Add lines 7a and 7b			75000	75000	75100	225100
8	Public support. (Subtract line 7c from				ĺ		
	line 6.)	<u></u>	L	<u> </u>			4961
	on B. Total Support		T			-,,,,, -	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<u> </u>	 	75000	75800	79261	230061
10a	Gross income from interest, dividends, payments received on securities loans, rents,				ŀ		
	royalties and income from similar sources .			[
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses				1		
	acquired after June 30, 1975]		l	
C	Add lines 10a and 10b			0	0	o	0
11	Net income from unrelated business						
	activities not included in line 10b, whether		Į.		}	ļ	
	or not the business is regularly carried on						
12	Other income. Do not include gain or		f	\ <u> </u>	İ		
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>	 			
	and 12.)			75000	75800	79261	230061
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon				
	organization, check this box and stop he	re					▶ ☑
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line to					15	<u>%</u>
16	Public support percentage from 2015 Sci			<u> </u>		16	<u>%</u>
$\overline{}$	on D. Computation of Investment In				(0)	1251	
17	Investment income percentage for 2016 (•	• • •	17	<u>%</u>
18 19a	investment income percentage from 2015 331/3% support tests—2016. If the organ	-	•			18 ore than 33 ¹ / ₂ %	% and line
184	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		=		=	-	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S	ect	tic	on	A.	All	Sup	porting	q O :	rgar	izatio	ons

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	1	

determine whether the organization had excess business holdings.)

10b

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1 1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]]		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or) 1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ļ	l
Secti	on C. Type II Supporting Organizations		L	L
/CCI	on o. Type it dupporting diganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 53	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	} '		ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			[
	the supported organization(s).			{
Sooti	on D. All Type III Supporting Organizations	_1		L
sec u	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	نــــا	165	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			•
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	.		ļ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ļ
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's	'		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	!		
	supported organizations played in this regard.	3		l
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ		-
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1	1
	these supported organizations and explain how these activities directly furthered their exempt purposes,	i '	[
	how the organization was responsive to those supported organizations, and how the organization determined	1	i	\
	that these activities constituted substantially all of its activities.	2a	1	
h	•	24	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in 2 if "You " overloin in Part III the			l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	İ
	reasons for the organization's position that its supported organization(s) would have engaged in these	İ	l	
	activities but for the organization's involvement.	2b	L	L
3	Parent of Supported Organizations. Answer (a) and (b) below.		[
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	[
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u> </u>	1
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	l	l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2				
	organizations, in excess of income from activity			
3				
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			_
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result	i		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е				

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

name of the organization	Emproyer identification number
Youth Learning as Environmental Citizen Scientists	47-1243337
Other Program Services: grants in response to proposals for youth taking environmenta	Il measurements and doing other aspects of citizen
science	
Foreign grants: equipment grants to organizations in other countries supporting their particles	articipation in the GLOBE Program of NASA and
takıng environmental measurements	
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