Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

, 2017, and ending

C Name of organization Citizens' Environmental Coalition Education Fund D Employer identification number R Check if applicable: Address change Doing business as 74-1692204 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change (713)524-4232Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Houston, TX 77001-0702 G Gross receipts \$ 125,133. Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No Alex Chua, P O Box 702, Houston, **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c) (**×** 501(c)(3)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ www. CECHOUSTON.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association 1971 M State of legal domicile: TX L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: The CEC's mission is to foster education, 1 dialogue and collaboration on environmental Activities & Governance issues in the Houston/Gulf Coast region. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 2 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 108,586 125,022. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 111 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 108,586 125,133 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 54,966 51,811. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ► 4,969. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 72,150. 72,898. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 127,116. 124,709. 19 Revenue less expenses. Subtract line 18 from line 12 -18,530. 424. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 57,075. 52,783. 21 1,681. Total liabilities (Part X, line 26) . 6,397. 22 Net assets or fund balances. Subtract line 21 from line 20 50,678. 51,102. 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. TAXPAYER COPY Sign Signature of officer Date Here Alex Chua, Board President Type or print name and title Print/Type preparer's name Date Preparer's signature Check X if **Paid** Greenwade. Susan S 11/19/2018 self-employed P00914845 Susan S. Greenwade CPA **Preparer** Firm's name ► Susan S. Greenwade, Firm's EIN ▶ **Use Only** Firm's address ▶ 12814 Regal Pine Lane, Houston, TX 77070 Phone no. (281) 955-8083 May the IRS discuss this return with the preparer shown above? (see instructions) . . . X Yes No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The CEC's mission is to foster education,
	dialogue and collaboration on environmental
	issues in the Houston/Gulf Coast region. We do this through
2	publications and events. Did the organization undertake any significant program services during the year which were not listed on the
2	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 26,572. including grants of \$ 0.) (Revenue \$ 5,000.)
	Educational publications, including weekly newsletter (4900 subscribers),
	website (50,000 visits), Environmental Resource Guide, and social
	media (3,500 followers).
	(O
4b	(Code:) (Expenses \$ 19,253. including grants of \$ 0.) (Revenue \$ 0.)
	Outreach and membership relations, including coordination and
	support for environmentally focused nonprofit organization.
4c	(Code:) (Expenses \$ 16,074. including grants of \$ 0.) (Revenue \$ 12,959.)
	Wild & Scenic Film Festival On Tour, including supporting
	events and communications.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 24,693. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses ► 86,592.

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	_		
0	•	1	×	-
2	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	X	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
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? If "Yes," complete Schedule D, Part II	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	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)? If "Yes," complete Schedule D, Part X .	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 "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	3 · · · · · · · · · · · · · · · · · · ·	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		×
	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? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×

	0 (2017)		ŀ	Page 4
Part	Checklist of Required Schedules (continued)			
00 -	Did the expenization energic one or more hagnital facilities? If "Vee " complete Cabadula II	00-	Yes	No
∠∪ a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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?			
	If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		×
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
31	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	01		×
	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? If "Yes," complete Schedule R, Part 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	٥-:		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	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	30		_^
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
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.

Part	Statements Regarding Other IRS Filings and Tax Compliance		·	Page
rarı	Check if Schedule O contains a response or note to any line in this Part V			
	Office in Schedule O contains a response of note to any line in this Fart V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
L		4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and 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?	7-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		×
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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 b	Gross income from members or shareholders	-		
.,	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

14b

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

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

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Secti	on A. Governing Body and Management							
4.0	Enter the number of veting members of the governing body at the end of the tay year.		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×				
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6	×	×				
b	one or more members of the governing body?	7a 7b	×					
8								
а	The governing body?	8a	×					
b	Each committee with authority to act on behalf of the governing body?	8b	×					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C						
100	Did the expenitation have lead chanters branches or effiliates?	10a	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	×					
b b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe in Schedule O how this was done	12b	×					
13	Did the organization have a written whistleblower policy?	12c	×					
14 15	Did the organization have a written document retention and destruction policy? 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?	14	×					
а	The organization's CEO, Executive Director, or top management official	15a	×					
b	Other officers or key employees of the organization	15b	×					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyable antity during the year?	10						
b	with a taxable entity during the year?	16a		×				
b	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						
Secti	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)				
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords						

Rachel Powers, 1900 Kane St. Ste 111, Houston, TX 77007 (713)524-4232

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization r	nor any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	do not check more than one box, unless person is both an officer and a director/trustee) Reproposation compensation from							(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Aex Chua President	5.00	×		×				0.	0.	0.
(2) Maurillo Flores Sanchez Treasurer	2.00	×						0.	0.	0.
(3) Lynn Henson Secretary	2.00	×		×				0.	0.	0.
(4) Bruce Bodson Trustee	1.00	×		×				0.	0.	0.
(5) Linda Foss Trustee	1.00	×		×				0.	0.	0.
(6) Katie Donvan Trustee	1.00	×						0.	0.	0.
(7) Carole Kernohan Trustee	1.00	×						0.	0.	0.
(8) Alex Drummond Trustee	1.00	×						0.	0.	0.
(9) Colley Hodges Trustee	1.00	×						0.	0.	0.
(10) Sarah Morath Trustee	1.00	×						0.	0.	0.
(11) Asha John Trustee	1.00	×						0.	0.	0.
(12) Brock Nedland Trustee	1.00	×						0.	0.	0.
(13) Hilary Toma Trustee	1.00	×						0.	0.	0.
(14) Michael Walker Trustee	1.00	×						0.	0.	0.

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinue	d)		
	(A) Name and title	(B) Average hours per	werage box, unless person is box officer and a director/tru					an	(D) Reportable compensation	(E) Reportable compensation from				
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI:		composition from the composition of the composition from the composition	ther ensation in the nization related izations	
	achel Powers	32.00	×											
(16)	xecutive Director		^			×			45,000.		0.		45,0	00.
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total . Total from continuation sheets to Part			•	· ·	· ·		>	45,000.		0.		45,0	00.
d	Total (add lines 1b and 1c)							<u>\</u>	45,000.		0.		45,0	00.
2	Total number of individuals (including bur reportable compensation from the organ		to th	iose	list	ed a	above	e) W	ho received mo	ore than \$10	0,000 c	DT .		
	Did the organization list any former of	ficar direc	tor o	r +r	uot	20	kov	mr	Novoc or high	act compon	aatad		Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>									-		3		×
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$1				re:	s, 			sucn	4		×
5	Did any person listed on line 1a receive of for services rendered to the organization											_		
Section	on B. Independent Contractors	in res, c	оттрі	ele	SCI	leat	ile J i	OI S	such person		•	5		×
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Form 9	90 (201	7)					Page S
Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	19,200.				
s, (Am	С	Fundraising events 1c	14,790.				
Gift lar	d	Related organizations 1d					
٦S, imi	е	Government grants (contributions) 1e					
rtioi er S	f	All other contributions, gifts, grants,					
호		and similar amounts not included above 1f	91,032.				
ont nd (g	Noncash contributions included in lines 1a-1f: \$	20,533.				
	h	Total. Add lines 1a-1f		125,022.			
Program Service Revenue			Business Code				
eve	2a						
ĕ	b						
Ž	C						
J Se	d						
yran	e f	All other program service revenue.					
roć	g	Total. Add lines 2a–2f	•				
_	3	Investment income (including divid					
		and other similar amounts)					
	4	Income from investment of tax-exempt b					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	C	Gain or (loss)					
	u	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ 14,790. of contributions reported on line 1c). See Part IV, line 18					
the	h	Less: direct expenses k					
0		Net income or (loss) from fundraising					
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses k					
		Net income or (loss) from gaming act	ivities ►				
	10a	Gross sales of inventory, less returns and allowances	1				
	b	Less: cost of goods sold k					
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue		111.	111.	0.1	0.

0.

111.

111.

125,133.

e Total. Add lines 11a-11d .

Total revenue. See instructions.

12

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon	-		<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	47,500.	36,627.	9,590.	1,283.
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				
9	Other employee benefits				
10	Payroll taxes	4,311.	3,304.	891.	116.
11	Fees for services (non-employees):				
a b	Management	4,836.	4,811.	25.	0.
C	Accounting	3,008.	0.	3,008.	0.
_	Lobbying	3,000.	0.	3,000.	0.
d	Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,766.	251.	1,515.	0.
14	Information technology				
15	Royalties				
16	Occupancy	12,669.	10,908.	1,523.	238.
17	Travel	608.	394.	214.	0.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,953.	4,546.	1,217.	190.
23	Insurance	1,363.	0.	1,363.	0.
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.)				
а	Telephone	4,825.	3,755.	925.	145.
b	Printing	1,084.	1,084.	0.	0.
С	Special events	6,783.	5,567.	100.	1,116.
d	Dues & other	1,132.	63.	1,015.	54.
е	All other expenses	28,871.	15,282.	11,762.	1,827.
25	Total functional expenses. Add lines 1 through 24e	124,709.	86,592.	33,148.	4,969.
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) if				

Form 990 (2017) Page **11**

Part X Balance Sheet

Г	art A	Check if Schedule O contains a response of	r noto t	any line in this Par	+ Y		П
		Officer if Schedule O contains a response of	note to	any inte in this Par	(A)	· ·	<u>.</u> (B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			18,083.	1	40,907.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			20,000.	3	
	4	Accounts receivable, net			3,000.	4	1,500.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co Complete Part II of Schedule L	-				
		•				5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), at sponsoring organizations of section 501(c)(9) volur					
		organizations (see instructions). Complete Part II of Sche					
Assets	-			<u> </u>		6	
\ss	7	Notes and loans receivable, net				7	
~	8	Inventories for sale or use			600	8	600
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or			600.	9	600.
	IUa	other basis. Complete Part VI of Schedule D	100	22 706			
	h	·	10a 10b	33,706.	15 202	10c	0.776
	b 11	Less: accumulated depreciation		23,930.	15,392.	111	9,776.
	12	Investments – publicly traded securities Investments – other securities. See Part IV, line				12	
	13	Investments—other securities, See Part IV, line		_		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal to the control of			57,075.	16	52,783
\dashv	17	Accounts payable and accrued expenses			6,397.	17	1,681.
	18	Grants payable			0,391.	18	1,001.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and for		<u> </u>			
ţ.	~~	trustees, key employees, highest comper					
Liabilities		disqualified persons. Complete Part II of Schedu				22	
Lia	23	Secured mortgages and notes payable to unrela		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated		· ·		24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lines					
		of Schedule D	-	· .		25	
	26	Total liabilities. Add lines 17 through 25			6,397.	26	1,681.
(n		Organizations that follow SFAS 117 (ASC 958), checl		·		·
Se		complete lines 27 through 29, and lines 33 an		J			
lan	27	Unrestricted net assets			25,178.	27	47,062.
Ba	28	Temporarily restricted net assets			25,500.	28	4,040.
nd	29	Permanently restricted net assets				29	
F		Organizations that do not follow SFAS 117 (ASC 9: complete lines 30 through 34.	58), che	ck here ► 📋 and			
Net Assets or Fund Balances	20			ļ		20	
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31 32	Paid-in or capital surplus, or land, building, or ed				31	
et/	33	Retained earnings, endowment, accumulated in Total net assets or fund balances			50 670	33	E1 100
Ž					50,678.	_	51,102.
	34	Total liabilities and net assets/fund balances .			57,075.	34	52,783.

Form **990** (2017)

Form 990 (2017) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 125,133. Total expenses (must equal Part IX, column (A), line 25) 2 2 124,709. 3 3 424. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 50,678. 5 5 6 Donated services and use of facilities 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 51,102. Part XII **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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 or reviewed on a separate basis, consolidated basis, or both: X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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 on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2017)

×

2c

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Employer identification number Name of the organization Citizens' Environmental Coalition Education Fund 74-1692204 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.) 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 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part II

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Section	on A. Public Support	quality und	ci tilo tosts lic	sted below, p	icase comple	ic r art iii.j	
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)		(0)	(0)	(0)	(7)
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						
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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					ļ.	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Cooti	organization, check this box and stop her	re					🕨 📙
14	on C. Computation of Public Suppor Public support percentage for 2017 (line 6		·	1 column (fl)		14	%
15	Public support percentage from 2016 Sch					15	
16a	33 ¹ / ₃ % support test—2017. If the organization						
	box and stop here. The organization qual						
b	331/3% support test-2016. If the organize	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		🕨 🗌
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 facts-and-circ	s-and-circumsta	ances" test, chest. The organi	neck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets the "faction of the contract of the	ne "facts-and-c ets-and-circums 	circumstances' stances" test.	" test, check The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di						
	instructions						🟲 📙

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2017

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.)

OCCLI	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	95,592.	118,697.	91,029.	108,586.	125,133.	539,037.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	95,592.	118,697.	91,029.	108,586.	125,133.	539,037.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						539,037.
Secti	on B. Total Support	'	'				•
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	95,592.	118,697.	91,029.	108,586.	125,133.	539,037.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	_	_				
	· ·	0.	0.	0.			0.
_		0.	0.	0.			0.
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	95,592.	118,697.	91,029.	108,586.	125,133.	539,037.
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		•			15	100 %
16	Public support percentage from 2016 Sch			<u></u>		16	100 %
	on D. Computation of Investment In			. 15 40	(f))	47	- 01
17	Investment income percentage for 2017 (17	0 %
18	Investment income percentage from 2016 331/3% support tests—2017. If the organ					18 231/00	0 %
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2016. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this I						
	lille 10 is not more than 35 73 70. Check this i						

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.)

Section A. All Supporting Organizations

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	_		
ou	(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	Sa		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
	(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		
С	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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 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 determine whether the organization had excess business holdings.)	10b		

Part	V 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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
0	Did the consideration and the facility is a first of an arrange of the constant of the constant of	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		
Section	on C. Type II Supporting Organizations			
ocoti			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
-	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III 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			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
Secu				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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)
1 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	1c		
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 prior 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	ha anna ha al Tanza III a	
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	h the ergonization is rea	noncivo	
0	(provide details in Part VI). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(2)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
_ <u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from			
-	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2017

Employer identification number

74-1692204

Name of the organization

Citizens' Environmental Coalition Education Fund

► Attach to Form 990, Form 990-EZ, or Form 990-PF.► Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Citizens' Environmental Coalition Education Fund

Employer identification number

74-1692204

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EarthShare of Texas P O Box 1911 Austin TX 78767	\$17,366.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Estate of Mrs. J.W. Hershey 3212 Smith Street, #202 Houston TX 77006	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Jacob and Therese Hershey Foundation 3212 Smith Street, #202 Houston TX 77006	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Salesforce Foundation The Landmark @ One Market, Ste 300 San Francisco CA 94105	\$15,000.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Citizens' Environmental Coalition Education Fund

Employer identification number

74-1692204

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Sofware subscription for one year		
		\$ 15,000.	01/10/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		7	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of or	ganization			Employer identification number
	s' Environmental Coalition	Education Fund		74-1692204
Part III		the year from any on tions completing Part ne year. (Enter this info	one contributor. (III, enter the total ormation once. Se	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.,
(a) No.	·			(a) Description of how with in held
from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe		ship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number

Name o	f the organization		Employer identification number
Cit:	izens' Environmental Coalition Educ		74-1692204
Par			
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Pari			
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recrea	, —	, ,
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	ora a qualifica conscivation contribution	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in	. ,	
	_		
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text organization's accounting for conservation easement	conservation easements in its revenue of the footnote to the organization's fin	and expense statement, and
Part	Organizations Maintaining Collections Complete if the organization answered '		
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	assets held for public exhibition, ec	ducation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relationships to the service of the s	assets held for public exhibition, eding to these items:	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
	(ii) Assets included in Form 990, Part X		• \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, following amounts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	r assets for financial gain, provide the tems:
а	Revenue included on Form 990, Part VIII, line 1 .		• \$

b Assets included in Form 990, Part X

Schedule D (Form 990) 2017 Page **2**

Part	III Organizations Maintaining Coll	ections of Art	, Historical	Treasures,	or Oth	ner Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other	records, che	eck any of the	e follow	ing that are a si	gnificant u	se of its
а	☐ Public exhibition		d 🗌 Loa	n or exchang	e progra	ams		
b	☐ Scholarly research		e 🗌 Oth	er				
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and	explain how	they further	the orga	anization's exem	pt purpos	e in Part
5	During the year, did the organization solic assets to be sold to raise funds rather than						□ Yes	☐ No
Part			- Faire 000	Doubly line	. 0		t F	
	Complete if the organization answays 990, Part X, line 21.	wered res or	1 FOIII 990,	Part IV, IIII	9, Or r	eported an am	ount on r	·OIIII
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		-					☐ No
b	If "Yes," explain the arrangement in Part XII	II and complete	the following	table:		An	nount	
С	Beginning balance				1c	7		
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on					account liability?	Yes	□ No
	If "Yes," explain the arrangement in Part XII							
Par					p. 0			
	Complete if the organization answ	wered "Yes" o	n Form 990.	Part IV. line	e 10.			
		Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	ırrent vear end b	alance (line 1	g. column (a)) held a	s:		
а	Board designated or quasi-endowment ▶	%		3, (-,	,,			
b	Permanent endowment ► %							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sh		6.					
3a	Are there endowment funds not in the pos	session of the c	rganization t	nat are held	and adn	ninistered for the)	
	organization by:						Υ	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize	zations listed as	required on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	ne organization's	endowment	funds.				
Part	VI Land, Buildings, and Equipmen	ıt.						
	Complete if the organization answ	wered "Yes" or	n Form 990,	Part IV, line	e 11a. S	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or other (investment)	1 ' '	or other basis (other)		ccumulated preciation	(d) Book	alue
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			33,706.		23,930.	9	776.
е	Other							
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X, colum	nn (B), line 10)c.)	•	9	,776.

 BAA

	(a) Description of security or category		(b) Book value		990, Part X, line
	(including name of security)		(b) Book value		hod of valuation: -of-year market value
Financia	derivatives				
-	neld equity interests				
(A)			_		
(B)			_		
(C)					
(D)			_		
(E) (E)			-		
(F)			-		
(G) · (H)			-		
`´	(b) must equal Form 000 Part V and (P) line 12 \				
art VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.				
art VIII	Complete if the organization answ		orm 990 Part IV line	11c See Form	990 Part X line
	(a) Description of investment	cica ics offic	(b) Book value		thod of valuation:
	(a) Description of investment		(b) Dook value		of-year market value
)					
))					
;)					
,)					
5)					
,)					
,)					
,)					
))					
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ	rered "Yes" on Fo	orm 990, Part IV, line	11d. See Form	990, Part X, line
	(a)	Description			(b) Book value
					(0) = 0011 101100
)					(4, 2001 1000
					(-,
2)					(4, 255)
2) 3) 4)					(4, 233333
2) 3) 4)					(4, 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) 3) 1) 5)					(4, 2 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(2) (3) (3) (3) (3)					
))))))					(1)
(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	man /h) muset a quiel Forme 000. Port V. co	I (D) line 15			
	mn (b) must equal Form 990, Part X, col	l. (B) line 15.)			
2) 3) 5) 5) 6) 7) 8) 9)	Other Liabilities.				
(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Other Liabilities. Complete if the organization answ				
(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Fo			
o) o) o) o) o) o) o) o) o) o)	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability				
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)))))) tal. (Colu Part X) Federal in	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Fo			
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e) e	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Fo			
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2) 2) 2) 3) 3) 3) 3) 4) 3) 4) 5) 4) 7) 5) 6) 6) 6) 6) 7) 6) 7) 7) 8)	Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	vered "Yes" on Fo			

Schedule D (Form 990) 2017 Page **4**

Par	Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	⊃art 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			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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:	i .			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
	XII Reconciliation of Expenses per Audited Financial Statem			_	turn.
	Complete if the organization answered "Yes" on Form 990, F				
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:			•	
- а	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			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	0 (2 0 0 0 0)		l .		
С	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			-	
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	e 18.)		5	V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)		5 o; Part	

Schedule D (Fo	orm 990) 2017	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Citizens' Environmental Coalition Education Fund

74-1692204

Employer identification number

Part			idacación i ana	71 103				
	Types of Treporty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► (
28	Other ► ()							
29	Number of Forms 8283 received which the organization completed							
	which the organization completed	FUIII 0203	o, Part IV, Donee Acknowle	ugement	29		Yes	Na
	B : " " " " " " " " " " " " " " " " " "					1	res	INO
30a	During the year, did the organizate 28, that it must hold for at least the							
	to be used for exempt purposes f					20-		
b			e notating period:			30a		<u>×</u>
31	If "Yes," describe the arrangemen Does the organization have a		stance policy that require	as the review of any no	onetandord			
31	contributions?					24		V
32a	Does the organization hire or use					31		<u>×</u>
32 d	9		_			200		V
h						32a		×
33	If "Yes," describe in Part II. If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which column (a)	is chacked			
55	describe in Part II	amount ill	column (c) for a type of pro	perty for without column (a)	S CHECKEU,			

Schedule M (Form 990) 2017 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0 (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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Citizens' Environmental Coalition Education Fund	74-1692204			
Pt VI, Line 11b: The board of directors reviews and may provide co	omments before			
submission of form 990 , then releases it to the public at large.				
Pt VI, Line 12c: The board of directors of CEC checks on complian	ce with the			
conflict of interest policy at bi-monthly board meetings and at a	nnual board			
orientation.				
Pt VI, Line 6: The organization has members, who serve as directors of the board.				
Pt VI, Line 7a: The board of directors elects & votes on a new board annually.				
Pt VI, Line 15a: The board of directors meets at least annually to evaluate				
the perfomance of its members and of its executive director.				
Pt VI, Line 7b: In accordance with the by-laws, nonprofit coalition members,				
which are approved by the board, may vote on the dissolution, merger and most				
amendements to the certificate of formation.				
Pt VI, Line 15b: The board of directors meets at least annually to evalute the				
perfomance of its members and of its executive director.				
Pt III, Line 4d:				
Expenses: \$24,693 including grants of: \$0 Revenue: \$0				
Description: Other program services include the Greater Houston				
Enviromental Summit, Earth Day Houston, an Information and Referral Service a	nd a variety of other related			
services.				
Pt IX, Line 24e:				
Description: In kind expenses				
Total: \$19,621				
Program services: \$14,982				
Management and general: \$4,012				
Fundraising: \$627				

Name of the organization	Employer identification number
Citizens' Environmental Coalition Education Fund	74-1692204
Description, Rad dobts	
Description: Bad debts	
Total: \$1,200	
Program services: \$0	
Management and general: \$0	
Fundraising: \$1,200	
Description: Other program expenses	
Total: \$8,050	
Program services: \$300	
Management and general: \$7,750	
Fundraising: \$0	