# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

A	For the A	2018 calendar year, or tax year beginning , 2018, and 6	enaing		, 20	
В	Check if a	pplicable: C Name of organization National Pesticide Safety Education Center (NPSI	EC)	D Employ	er identification nu	ımber
	Address of			82-0992318		
$\Box$	Name cha		<b>E</b> Telepho	ne number		
$\overline{\Box}$	Initial retu			·	517-202-3019	
H		0			317-202-3019	
H				C C#000 #	ancieta (*	040 504
	Amended			<b>G</b> Gross re		343,561
¥	Applicatio	n pending F Name and address of principal officer: Thomas M. Smith	I		subordinates?  Yes	_
		Same as C			s included? L. Yes a list. (see instructio	
<u> </u>	Tax-exem		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	115)
<u>J</u>	Website:			roup exemption		
_		ganization: ✓ Corporation Trust Association Other L Year of t	formation: 20	017   M State	of legal domicile:	MI
Р	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: Section 2	erve and supp	ort Extension	1 Pesticide Safe	y
Se	ļ <u>!</u>	Education Programs at Land Grant colleges and universities in every state and	US territory.			
Activities & Governance	_					
۷er	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more t	han 25% of	its net assets.	
Ĝ	8 1	Number of voting members of the governing body (Part VI, line 1a)		3		10
∞ಶ	4 1	Number of independent voting members of the governing body (Part VI, line	∍1b)	4		0
ies.	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5		0
Ξ	6	Total number of volunteers (estimate if necessary)		6		11
Ac	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a		0
	1	Net unrelated business taxable income from Form 990-T, line 38		7b		0
		· · · · · · · · · · · · · · · · · · ·		or Year	Current Ye	
4.	8 (	Contributions and grants (Part VIII, line 1h)				126,120
je.	1	Program service revenue (Part VIII, line 2g)				217,441
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				217,771
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	1	Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1:				242 504
		<del>-</del>				343,561
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				57,733
	4- /	Benefits paid to or for members (Part IX, column (A), line 4)				
ses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10				
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
Expenses	b <sup>-</sup>	Total fundraising expenses (Part IX, column (D), line 25)				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				212,980
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				270,713
		Revenue less expenses. Subtract line 18 from line 12				72,848
Net Assets or Fund Balances			Beginning of	of Current Year	End of Ye	ar
sets	20	Total assets (Part X, line 16)		20.72		72,848
A As	21	Total liabilities (Part X, line 26)		0		0
žĒ	22	Net assets or fund balances. Subtract line 21 from line 20		20.72		72,848
P	art II	Signature Block				
Ur	nder penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and	I to the best of i	my knowledge and	belief, it is
tru	ie, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any ki	nowledge.		
Sign Here		Signature of officer		Date		
		Type or print name and title				
_	اما	Print/Type preparer's name Preparer's signature	Date	Observ	: PTIN	
Pa				Check self-em	if if in the solution of the solution is a solution of the sol	
	eparer				· • 1	
Use Only			+	Firm's EIN ►		
N/10	v the IP	Firm's address ► S discuss this return with the preparer shown above? (see instructions) .		Phone no.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. □ No
ivid	y ule in	S discuss this return with the preparer shown above? (see instructions).			Lites	

Form 990 (2018) Page **2** 

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Serve and support the extension Pesticide Safety Education Programs (PSEPs) at Land Grant colleges and universities in every state
	and US territory.
2	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 \$73,896 including grants of \$) (Revenue \$\$25,000)
	Contract pay for Educational Program Development for online course development for University of New Hampshire as a demo;
	conduct national needs assessment for PSEPs; online course development for pesticide certification training for University of
	Idaho
	Objectives are to access the woods of DCFDs actionally, develop the accessity for relying access and access and access with
	Objectives are to assess the needs of PSEPs nationally; develop the capacity for robust online course development as a demo with  University of New Hampshire; and implement online course development on a larger scale as a service, in this first case for the
	Hairoveite of Idaha
	University of Idano.
41.	(O. d
4b	(Code: ) (Expenses \$ 72,290 including grants of \$ ) (Revenue \$ 192,441)
	Printing services and distribution of pesticide training manuals and other resources for: Colorado, Michigan and Rutgers; Pesticide Educational Resources Collaborative (PERC - an EPA funded project to develop Worker Protection and Pesticide Certification
	manuals and other education and complianceresources); and distribution of Worker Protection DVDs from Pennsylvania
	Objectives are to provide lower cost printing and distribution services for PSEPs to improve their customer service and to provide
	increased revenue to PSEPs in order to sustain their programs. In the case of PERC products, there was no funding to produce hard
	copy resources nor was there a mechanism to distribute those products once produced. Printing and distribution of PERC products
	provides for a much larger didtribution of resources to inductry in order to improve compliance with the latest Worker Protection
	Standard while at the same time providing a passive revenue share to PSEPs based on state by state sales to sustain their programs - See Below.
	See Delow.
4c	(Code:) (Expenses \$57,733 including grants of \$) (Revenue \$see above 4b)
	Net revenue sharing from revenue generated in 4b with Michigan State University PSEP - 50%, Colorado State University PSEP - 65%
	5 % of PERC product sales tracked state by state shared with PSEPs at University of California Davis, Colorado State University,
	University of Connecticut, University of Florida, University of Hawaii, University of Idaho, Michigan State University, Montana State
	University, University of Nebraska, Cornell University, Oregon State University, Penn State University, Washington State University,
	University of Wyoming.
	Objectives are to directly meet the mission of NPSEC with financial support to PSEPs.
A -1	Other program continue (Passylha in Schadula O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)  Total program service expenses > 202 010

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> 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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>\</b>
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>\</b>
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		<b>√</b>
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	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		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
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		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
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		<b>√</b>
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		<b>√</b>
20 a		20a		✓
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		

Part	Checklist of Required Schedules (continued)			
			Yes	No
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	<b>√</b>	
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?	24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			į
a	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? If "Yes," complete Schedule $M$	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	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	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	

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

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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

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

15

16

Form 990 (2018)

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 11 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. Enter the number of voting members included in line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ✓ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 ✓ supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ✓ 8b ✓ 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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? *If "No," go to line 13* 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a ✓ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a ✓ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Michigan 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 20 Thomas M. Smith, 1460 Stillman Rd, Mason, MI 48854 (517) 202-3019

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

orm 990 (2018)	Page <b>7</b>
----------------	---------------

# 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 nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Estimated Name and Title Reportable Reportable Average box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) eek (list an Individual to related other Highest compensated employee nstitutiona organizations compensation hours for (W-2/1099-MISC) related organization from the employee (W-2/1099-MISC) organizations organization below dotted and related trustee line) organizations trustee (1) Faye Golden Director (2) Thia Walker Director (3) Jane Stautz Director (4) Carroll Moseley Director n 0 (5) Rachel Maccini Director 0 0 (6) Dr. Dean Herzfeld Director 0 0 0 (7) Clyde Ogg Director n 0 (8) Dr. Candace Bartholomew Chair 0 0 (9) Dr. Don Renchie Vice-Chair 0 0 (10) Katie Moore Secretary (11) Mike Wierda Treasurer (12) Thomas Smith 29 **Executive Director** 70,089 70,089 (14)

(15)  (15)  (16)  Name and title  Name and title  (17)  (18)  Name and title  (18)  Name and title  (19)  Name and title  (19)  Name and title  (19)  (19)  (19)  (19)  (19)  (19)  (19)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (22)  (23)  (24)  (25)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (27)  (27)  (28)  (29)  (29)  (20)  (21)  (22)  (23)  (24)  (25)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (29)  (20)	tinued)
Name and title   Name	
Name and title	(F)
Value (list any locurs for related organizations below dotted organization dotted organization from the organization below dotted organization dotted organization organization dotted organization greater than \$100,000 reportable compensation from the organization greater than \$100,000 reportable organization dotted organization or individual below dotted organization dotted organization organization greater than \$100,000 reportable organization dotted organization organization organization organization organization organization organization organization from the organization or	Estimated m amount of
Compensation   Part	other
Compensation   Part	compensation
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	from the organization
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	and related
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	organizations
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25)  1b Sub-total	
(16) (17) (18) (20) (21) (22) (23) (24) (25)  1b Sub-total (add lines 1b and 1c) .	_
(17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	
(17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total	_
(19) (20) (21) (22) (23) (24) (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual or services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.	
(19) (20) (21) (22) (23) (24) (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual or services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.	
(29)  (20)  (20)  (20)  (21)  (22)  (22)  (23)  (24)  (25)  (26)  (29)  (29)  (29)  (29)  (29)  (20)	
(29)  (20)  (20)  (20)  (21)  (22)  (22)  (23)  (24)  (25)  (26)  (29)  (29)  (29)  (29)  (29)  (20)	+
(20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total .	
(20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total .	1
(21)  (22)  (23)  (24)  (25)  1b Sub-total	
(21)  (22)  (23)  (24)  (25)  1b Sub-total	
(22)  (23)  (24)  (25)  1b Sub-total	
(22)  (23)  (24)  (25)  1b Sub-total	
(24)  (25)  1b Sub-total	
(24)  (25)  1b Sub-total	
(24)  (25)  1b Sub-total	
1b Sub-total	
1b Sub-total	
1b Sub-total	
1b Sub-total	_
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A)	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A)	70.000
d Total (add lines 1b and 1c)	70,089
Total number of individuals (including but not limited to those listed above) who received more than \$100,00 reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual	70,089
The provided compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A) (B)	
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensate employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	300 01
<ul> <li>employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	Yes No
<ul> <li>employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	ated
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for successindividual	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for successindividual	the
<ul> <li>individual</li></ul>	
for services rendered to the organization? If "Yes," complete Schedule J for such person	. 4 🗸
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A) (B)	
Complete this table for your five highest compensated independent contractors that received more than \$10 compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A)  (B)	.   5   √
compensation from the organization. Report compensation for the calendar year ending with or within the or year.  (A) (B)	
year. (A) (B)	
(A) (B)	organization's tax
Traine and backness acaress	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those listed above) who	

received more than \$100,000 of compensation from the organization ▶

Form 9	90 (201	8)						Page <b>9</b>
Part	: VIII	Statement of Reve	enue					
		Check if Schedule C	contains a res	ponse or note to	any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	s <b>1a</b>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
s, G Am	С	Fundraising events .	1c					
Sift lar /	d	Related organizations	s 1d					
imi	е	Government grants (cor	ntributions) 1e					
tion r S	f	All other contributions, g						
the		and similar amounts not inc	luded above 1f	126,120				
d d	g	Noncash contributions includ	ded in lines 1a–1f: \$					
a au	h	Total. Add lines 1a-1	f	🕨	126,120			
ne				Business Code				
Program Service Revenue	2a	Online Course Develop	oment	611710	25,000	25,000		
Be	b	Printing and Distribution	on Services	511130	192,441	192,441		
içe Vi	С							
Sen	d							
Ē	е							
gre	f	All other program ser						
P	g	Total. Add lines 2a-2	ef	▶	217,441			
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	•				
	4	Income from investmen	t of tax-exempt b	ond proceeds ►				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	<b>&gt;</b>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d			▶				
		,						
ne	8a	Gross income from fu	undraising					
Ver		events (not including \$						
Ŗ		of contributions reporte	ed on line 1c).					
e		See Part IV, line 18 .	a					
Other Revenue	b	Less: direct expenses	s <b>b</b>					
0	С	Net income or (loss) f	rom fundraising	events . ►				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	a					
	b	Less: direct expenses	s <b>b</b>					
	С	Net income or (loss) f	rom gaming act	ivities ►				
	10a	Gross sales of in						
		returns and allowance	es <b>a</b>					
	b	Less: cost of goods s	sold <b>b</b>					
	С	Net income or (loss) f	rom sales of inv	entory ►				
		Miscellaneous F		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-		▶				
	12	Total revenue. See in			343,561	217,441		

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			-	
	and domestic governments. See Part IV, line 21	57,733	57,733		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
40	- 1	1 0 10		4.040	
12 13	Advertising and promotion	1,849		1,849	
14	Information technology	3,167 4,427		3,167 4,427	
15	Royalties	4,427		4,427	
16	Occupancy				
17	Travel	31,365	31,365		
18	Payments of travel or entertainment expenses	0.7000	0.7000		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,000	3,000		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	552		552	
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.)				
_		4 000	4 000		
a b	Postage and mailing services Printing and production of training resources	1,863	1,863		
C	Communications Manager outside contractor	72,289 17,000	72,289	17,000	
d	Educational Service Providers - contractors	76,271	76,271	17,000	
e	All other expenses	1,197	70,271	1,197	
25	Total functional expenses. Add lines 1 through 24e	270,713	242,521	28,192	
26	Joint costs. Complete this line only if the	2.5,0		20,.02	
	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)				

## Part X Balance Sheet

Cash—non-interest-bearing			Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
2   Savings and temporary cash investments   0   2   5,079   3   Pledges and grants receivable, net   3   4       4   Accounts receivable, net   4   4       5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5       6   Loans and other receivables from the disqualified persons (as defined under section 4958(ff(1)), persons described in 10   10c						
2   Savings and temporary cash investments   0   2   5,079   3   Pledges and grants receivable, net   3   4       4   Accounts receivable, net   4   4       5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5       6   Loans and other receivables from the disqualified persons (as defined under section 4958(ff(1)), persons described in 10   10c		1	Cash—non-interest-bearing	20.72	1	15,770
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disqualified persons (as defined under section 4958/8/11), persons described in section 4958/8/18/8, and contributing employers and sponsoring organizations of section 501(6/9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Nevertories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation 1 Investments—publicly traded securities 1 Investments—other securities. See Part IV, line 11 1 Investments—other securities. See Part IV, line 11 1 Investments—other securities. See Part IV, line 11 1 Intanglible assets 1 Other assets. See Part IV, line 11 1 Total assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Carriar payable and accrued expenses 1 17 1 Accounts payable and accrued expenses 1 17 1 Total assets. Add lines 1 through 15 (must equal line 34) 2 Deferred revenue 2 Tax exempt bond liabilities 2 Deferred revenue 2 Secured mortgages and notes payable to urnelated third parties 2 Secured mortgages and notes payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans Payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loans payable to urnelated third parties 2 Unsecured notes and loan		2		0	2	
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4558(#\ft)), persons described in section		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Complete Insert Schedule D  Companizations that follow SFAS 117 (ASC 958), check here P  Complete Insert Schedule D  Companizations that follow SFAS 117 (ASC 958), check here P  Complete Insert Schedule D  Companizations that do not follow SFAS 117 (ASC 958		4			4	
Complete Part II of Schedule L   5		5	Loans and other receivables from current and former officers, directors,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(k)(f)), persons described in section 4958(k)(f)(g), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L						
4936 f(1)  persons described in section 4936 (3) E , and contributing employers and sponsoring organizations of section 501(c) 9  voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L		5	
organizations (see instructions). Complete Part II of Schedule L		6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
7						
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation	şţs		· · · · · · · · · · · · · · · · · · ·		6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation	SS	7			7	
10a	⋖	8				
the b Less: accumulated depreciation . 10b   10b   10c   10c   11   10c   11   11   12   11   12   11   12   11   12   12   12   12   13   11   14   15   15   14   15   15   15		_			9	
b Less: accumulated depreciation   10b   10c     11		10a				
11   Investments—publicly traded securities   11   12   Investments—other securities. See Part IV, line 11   12   13   14   15   13   14   Intangible assets   14   15   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   20.72   16   72,848   17   Accounts payable and accrued expenses   17   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   Secured mortgages and notes payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   26   Total liabilities. Add lines 17 through 25   0   26   0   0   0   0   0   0   0   0   0		_				
12						
13   Investments — program-related. See Part IV, line 11   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   Total assets. See Part IV, line 11   15   Total assets. Add lines 1 through 15 (must equal line 34)   20.72   16   72,848   77   Accounts payable and accrued expenses   17   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   Secured mortgages and notes payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   Other liabilities. Add lines 17 through 25   0   26   0   0   0   0   0   0   0   0   0						
14			<b>!</b>			
15 Other assets. See Part IV, line 11   16 Total assets. Add lines 1 through 15 (must equal line 34)   20.72 16   72,848   17   Accounts payable and accrued expenses   17   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   Secured mortgages and notes payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   25   26   Total liabilities. Add lines 17 through 25   0 26   0   0   0   0   0   0   0   0   0			· •			
16						
17						
18   Grants payable   18   19   Deferred revenue   19   19   20				20.72		72,848
19   Deferred revenue   19   20   20   21   20   21   20   21   22   21   22   22			· · ·			
20 Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Schedule D .  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L						
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	s		· · · · · · · · · · · · · · · · · · ·		21	
Unsecured notes and loans payable to unrelated third parties	ij	22				
Unsecured notes and loans payable to unrelated third parties	į				22	
24 Unsecured notes and loans payable to unrelated third parties	Ë	23				
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25						
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25		25	· · · · · · · · · · · · · · · · · · ·			
26 Total liabilities. Add lines 17 through 25						
Organizations that follow SFAS 117 (ASC 958), check here    Unrestricted net assets			of Schedule D		25	
Organizations that follow SFAS 117 (ASC 958), check here    Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	0	26	0
34 Total liabilities and net assets/fund balances	S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
34 Total liabilities and net assets/fund balances	õ		ı			
34 Total liabilities and net assets/fund balances	<u>a</u>	l		20.72	-	72,848
34 Total liabilities and net assets/fund balances	B	l				0
34 Total liabilities and net assets/fund balances	ш	29		0	29	0
34 Total liabilities and net assets/fund balances	٦F					
34 Total liabilities and net assets/fund balances	ts (	30	Capital stock or trust principal, or current funds		30	
34 Total liabilities and net assets/fund balances	sse	31	· · · · · · · · · · · · · · · · · · ·		31	
34 Total liabilities and net assets/fund balances	Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	Š	33	Total net assets or fund balances		33	72,848
		34	Total liabilities and net assets/fund balances		34	

Form 990 (2018) Page **12** 

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		34	3,561
2	Total expenses (must equal Part IX, column (A), line 25)		27	0,713
3	Revenue less expenses. Subtract line 2 from line 1		7	2,848
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
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			
	33, column (B))		7	2,848
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		Ц
			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:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	required addition addition, explain with in ochedule of and describe any steps taken to didding such addition.	JU	000	

Form **990** (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **National Pesticide Safety Education Center (NPSEC)** 82-0992318 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: 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.) 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 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (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

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under	
Secti	on A. Public Support	quality unde	er trie tests no	sted below, p	lease comple	ete i art iii.)		
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(0) = 0.10	(2)	(0) = 0 11	(4) 20 10	(5) = 5 : 5	(4)	
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						<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(i) Total	
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	on 501(c)(3)	
10	organization, check this box and stop her	re					▶ □	
Secti	on C. Computation of Public Suppor	t Percentag	е					
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 3			
b								
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the "fac	ne "facts-and-o ts-and-circum	circumstances stances" test.	" test, check	this box and	stop here.	
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	

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

## 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.)

Sooti	on A. Public Support	andor the to	oto notoa bon	ov, ploade et	imploto i art i	1•)	
		(a) 2015	/b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				126,120		
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				047.444		
3	organization's tax-exempt purpose Gross receipts from activities that are not an				217,441		
J	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5				343,561		
	Amounts included on lines 1, 2, and 3				0.0,00.		
	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				25,000		
С	Add lines 7a and 7b				25,000		
8	Public support. (Subtract line 7c from						
	line 6.)						318,561
	on B. Total Support		T		T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6				0		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
h	Unrelated business taxable income (less				0		
b	section 511 taxes) from businesses						
	acquired after June 30, 1975				0		
c	Add lines 10a and 10b				0		
11	Net income from unrelated business				0		
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				0		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				0		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	J			•		. , , ,
	organization, check this box and stop her						🕨 🗸
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sch			<u> </u>		16	%
	on D. Computation of Investment Inc			vylino 10. oslo	mn (f))	47	0/
17 18	Investment income percentage for <b>2019</b> (Investment income percentage from <b>2018</b> )			•		17	<u>%</u> %
	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organi						
19a	17 is not more than 33½%, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organiz		_	•		-	_
b	line 18 is not more than 331/3%, check this b						
20	<b>Private foundation.</b> If the organization did	-	•	•			_
	and the state of t			, ,			

#### 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.)

## Se

Secti	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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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 (as 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 <b>Part VI.</b>	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
10a	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	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		
С	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		
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	<b>VI</b> 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			
occu	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sooti	on D. All Type III Supporting Organizations			
Secui	Di Di Ali Type ili Supporting Organizations		Vaa	NI.
4	Did the executation way ide to each of its supported executations, by the last day of the fifth month of the		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?	4		
0		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	_		
		3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		
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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D	of its supported organizations? If "Vas" describe in <b>Part VI</b> the role played by the organization in this regard	3h		

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		
<b>6</b> 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>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
<b>2</b> 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).		egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets	IIIZationis		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	enoneiva	
	(provide details in <b>Part VI</b> ). See instructions.	The organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.  Excess distributions carryover, if any, to 2019			
_3_	E 0014			
a	From 2014			
b	From 2015			
d	E 0017			
	F 0010			
<u>e</u> f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>g</u> h	Applied to discribitations of prior years  Applied to 2019 distributable amount			
— <u>'''</u>	Carryover from 2014 not applied (see instructions)			
<del></del> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	<b>Supplemental Information.</b> 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 Internal Revenue Service

Name of the organization

**National Pesticide Safety Education Center** 

#### Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer identification number

82-0992318

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

Employer identification number

82-0992318

National I	Pesticide Safety Education Center (NPSEC)		82-0992318
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
1	CropLife Foundation  1156 15th Street, NW Suite 400  Washington, DC 20005-1704	\$\$ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
2	eXtension Foundation c/o Bryan Cave LLP  One Kansas City Place 1200 Main Street, Suite 3800  Kansas City, MO 64105-2122	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate cop	oies of Part II if additional space	ce is needed.
(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
(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
		   \$	

Name of organization **Employer identification number** Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/Form990*.

**Note:** Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

#### **Purpose of Schedule**

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt From Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

#### Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; or
- Checking the box on:
  - Form 990-EZ, line H; or
  - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### **Accounting Method**

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

#### **Public Inspection**

**Note:** Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of **noncash contributions**, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

# Contributions To Be Included on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

#### **Contributions**

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

#### **General Rule**

Unless the organization is covered by one of the *Special Rules*, later, it must report in Part I contributions from all persons who contribute \$5,000 or more (in money or other property) during the **tax year**. As described below, certain organizations report only total contribution amounts. Contributions may be made directly or indirectly and may take the form of money, **securities**, or any other type of property.

Include all separate and independent gifts that are \$1,000 or more to determine a contributor's total contribution. Gifts that are less than \$1,000 may be disregarded. Include each contribution reported on Form 990, Part VIII, line 1. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

**Note:** Under regulations proposed by the Treasury Department and the IRS, certain organizations would not have to report the names and addresses of their contributors on Schedule B. These organizations must continue to:

- Collect the names and addresses of their contributors,
- Keep this information in their records and books, and
- Make the information available to the IRS upon request.

Section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and nonexempt private foundations described in section 6033(d)), and section 527 political organizations must report the names and addresses of their contributors in Part I, column (b), on Schedule B.

#### Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II. that it met the 331/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A)(vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during

the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I contributions from each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I contributions from each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

Under the proposed regulations, all section 501(c)(7), (8), or (10) organizations listing contributions under this special rule would enter "N/A" in Part I, column (b), and would not enter the name and address of any contributor.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

#### **Specific Instructions**



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II, and III of

Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

**Part I.** In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number

consecutively. In column (b), section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and section 501(c)(3) nonexempt private foundations) and section 527 organizations enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. Under the proposed regulations, other organizations would enter "N/A" in place of each contributor's name, address, and ZIP code. In column (c), enter the amount of total contributions for the **tax year** for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address or "N/A," as applicable, and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, market quotations for securities) by listing its **fair market value (FMV)**. If the organization immediately sells **securities** contributed to the organization (including through a broker or agent), the contribution must still be reported as a gift of property (rather than cash) in the amount of the net

proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII. Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

**National Pesticide Safety Education Center** 

Employer identification number 82-0992318

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	✓	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☑ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any parson listed on Form 000 Part VII. Costian A line to with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<b>✓</b>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		1
b	Any related organization?	5b		1
	If "Yes" on line 5a or 5b, describe in Part III.			Ť
	The feet of the out of ob, decombe in that in			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
v	compensation contingent on the net earnings of:			
	The organization?	6-		/
a		6a		<b>√</b>
b	Any related organization?	6b		<b>-</b>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For payment listed on Form 000 Port VIII Coation A live to did the appropriation would			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		,
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		<b>✓</b>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			.
	in Part III	8		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	١.	l	

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Thomas M. Smith	(i)	70,089			7,257	8,899	86,245	
1Executive Director	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)				T			
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)				T			
	(i)							
9	(ii)				T			
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)				T			
	(i)							
14	(ii)				T			
	(i)							
15	(ii)				†			
	(i)							
16	(ii)				†			

Schedule J (Form 990) 2019

Schedule J From 990) 2019
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Thomas M. Smith is a full-time Extension Specialist at Michigan State University whose salary and fringes were partially bought out to be the Executive Director of NPSEC, 90% was bought, out the first 7 months of 2018 and increased to 90% the least 5 months, for an annual equivalent amount of 72.5%. This buyout was via a grant from the extension Foundation to Michigan State University from funds to start the National Pesticide Safety Education Center that came from Crop Life Foundation. This is compensation from an unrelated organization in the form of a grant.

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**National Pesticide Safety Education Center (NPSEC)** 

Employer identification number

82-0992318

Part VI line 1a: The Executive Committee is made up of Chair, Vice-Chair, Secretary and Treasurer. Per the bylaws the Executive Committee
shall have all the powers and authority of the Board of directors in the intervals between meetings of the Board of directors, and is subject
to the direction and control of the full Board. The Executive Committee is responsible for determining any necessary outside contractors
and, with the approval of the majority of the full Board, will execute employment or contractual terms, conditions and compensation of any
corporation staff or outside contractors, within the established Internal Revenue Service recommended Conflict of Interest Policy.
Part VI line 3: Thomas M. Smith is a full-time Extension Specialist at Michigan State University whose salary and fringes were partially
bought out to be the Executive Director of NPSEC. 60% was bought out the first 7 months of 2018 and increased to 90% the last 5 months, for
annual equivalent amount of 72.5%.
Part VI Line 9: Faye Golden, 1741 Fifth Ave. SE, Decatur, AL 35601; Thia Walker 1177 Campus Delivery Fort Collins, CO 80523-1177;
Jane Stautz 9330 Zionsville Rd. Indianapolis, IN 46268; Carroll Moseley 410 South Swing Rd. Greensboro, NC 27409;
Rachel Maccini 329 Mast Rd. Suite 115 Goffstown, NH 03045; Dean Herzfeld 299 Kimberly Dr. New Brighton, MN 55112;
Clyde Ogg 377F Plant Sciences Hal Lincoln, NE 68583-0971; Candace Bartholomew 270 Farmington Ave. Suite 262 Farmington, CT 06032;
Don Renchie 101 Agronomy Field Lab MS 2488 College Station, TX 77843-2488; Katie Moore 511 Westinghouse Rd. Pendleton, SC 29670;
Mike Wierda 80 E 725 S. Sego Lily Dr. Suite B Kaysville, UT 84037
Part VI line 11b: The form is posted on Basecamp in the BOD folder and an e-mail is sent to every board member alerting them to this posting.
Additionally, the Treasurer had a more detailed review with the Executive Director via Zoom where the 990 Form and schedules were shared
on screen.
Part VI line 12c: The COI Policy sates the following: Each director, principal officer and member of a committee with governing board
delegated powers shall annually sign a statement which affirms such person: a. Has received a copy of the conflicts of interest policy,
b. Has read and understands the policy, c. Has agreed to comply with the policy, and d. Understands the NPSEC is charitable and in order
to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Employer identification number

Name of the organization

National Pesticide Safety Education Center (NPSEC)	82-0992318
Part VI line 15b: The Executive Director's compensation was intitially set by an advisory group formed to c	reate NPSEC. Upon formation and
approval of the bylaws, the bylaws state the following: The Executive Committee is responsible for determ	ining any necessary outside
contractors or paid staff, and, with the approval of the majority of the full Board, will execute employment	or contractual terms, conditions
and compensation of any corporation staff or outside contractors, within the established Internal Revenue	Service recommended Conflict of
Interest Policy.	
Part VI line 19: All governing documents, conflict of interest policy, and financial statements are made ava	ilable to the public on the website:
www.npsec.us. Any requests for information of said documents by the public via phone or e-mail will direct	ct the requester to the website.
Should hard copies be requested, they will be provided within a reasonable time-frame at no cost.	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990. I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining compensation, in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.
- j. Description of public disclosure of documents, in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11q, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII. Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.
  - 4. Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
  - d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this CAUTION schedule will be made available