# **Filing Instructions**

# Society of Environmental Journalists, Inc.

# **Exempt Organization Tax Return**

# Taxable Year Ended December 31, 2017

Your return has been filed electronically with the IRS and is not required to be mailed.

If you mail a paper copy of your return to the IRS it will delay the processing of your return.

O'Connell & Company, LLC 165 Township Line Rd Ste 1100 Jenkintown, PA 19046

Telephone: 215-887-4425
Fax: 215-887-4429
Email: info@oconnellandcompany.net

Form

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 2017 Open to Public Inspection

Α	For the 201	7 calendar year, or tax year beginning , and ending			
В	Check If applicable	C Name of organization SOCIETY OF ENVIRONMENTAL		D Employer	Identification number
	Address change	JOURNALISTS, INC.			
	Name change	Doing business as			194031
=		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	558-6575
	Initial return	P.O. BOX 2492  City or town, state or province, country, and ZIP or foreign postal code		202	330 0373
- 1	Final return/ terminated				ipts \$ 1,169,752
	Amended return	JENKINTOWN PA 19046  F Name and address of principal officer:		G Gross rece	pis\$ 1,103,732
Ħ	Application pandi		H(a) Is this a gro	up return for su	bordinates? Yes X No
	Application pendi		H(b) Are all sub	ordinates includ	ted? Yes No
		P.O. BOX 2492	l ''		see instructions)
		JENKINTOWN PA 19046	11 110,	attaorra not. (e	non management,
1	Tax-exempt stat		2000		NO.
J	Website:	WWW.SEJ.ORG	H(c) Group exer		
name of the	Form of organiza		ar of formation: 1	990	M State of legal domicile: DC
P		Summary			
	1 Briefly	describe the organization's mission or most significant activities:			
ø	TH	MISSION OF THE SOCIETY OF ENVIRONMENTAL JOURNALISTS	IS TO STR	RENGTHE	N 
auc		E QUALITY, REACH AND VIABILITY OF JOURNALISM ACROSS AL	L MEDIA 1	O ADVA	NCE
ž	PU	BLIC UNDERSTANDING OF ENVIRONMENTAL ISSUES.		******	
Activities & Governance	2 Check	this box ▶ if the organization discontinued its operations or disposed of more than 25% of	of its net assets	3. <sub>12</sub> (12)	
G	3 Numb	er of voting members of the governing body (Part VI, line 1a)		3	15
ş	1	er of independent voting members of the governing body (Part VI, line 1b)			15
ij		umber of individuals employed in calendar year 2017 (Part V, line 2a)			4
ફ	1	umber of volunteers (estimate if necessary)			131
A		inrelated business revenue from Part VIII, column (C), line 12			1,980
		related business taxable income from Form 990-T, line 34			-3,595
	D Net u	Telated business taxable income norm of the cost in incost in inco	Prior Yea	r	Current Year
	8 Contri	outions and grants (Part VIII, line 1h)	1,21	2,292	698,974
Revenue		m service revenue (Part VIII, line 2g)	459	9,058	405,148
Ve	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	2:	2,628	44,026
8		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,019	21,604
		evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,997	1,169,752
_		and similar amounts paid (Part IX, column (A), lines 1–3)		0	234,390
		ts paid to or for members (Part IX, column (A), line 4)		0	0
		(A) lines E 40)	26	4,442	349,881
xpenses	15 Salan	sis, other compensation, employee benefits (Part IX, column (A), lines 5–10) sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ 95,782		0	0
eü	ToaProfes	sional fundraising fees (Part IX, column (A), line 11e)	2000		
Exp	1		913	2,223	709,847
		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,665	1,294,118
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,332	-124,366
	19 Rever	ue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or Fund Balances	20 Total	ssets (Part X, line 16)		3,321	1,388,712
Asse Rala	20 Total	100 100 100 100 100 100 100 100 100 100		0,620	12,617
let /	21 Total	abilities (Part X, line 26) sets or fund balances. Subtract line 21 from line 20		2,701	1,376,095
	art II	Signature Block		-7	
		of perjury, I declare that I have examined this return, including accompanying schedules and statement	e and to the hes	et of my knov	vledge and belief it is
tri	nder penaities ue, correct, an	of perjury, redeclare that i have examined this return, including accompanying acreatios and statement d complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledge	).	viougo aria bonor, it io
_					
c:-	🌗	Signature of officer		Date	
Sig			C DIREC		
He	re		C DIREC	101	
_		Type or print name and tille  Type preparer's name  Preparer's signature	Date	01-1	if PTIN
D~!	ا ا	W. W. W. W.	8/14	Check	<u> </u>
Pai	GEO	GE R. O'CONNELL TO COMPANY IIC		self-emp	
		name O'CONNELL & COMPANY, LLC	F	lrm's EIN ▶	47-1352305
USE	Only	165 TOWNSHIP LINE RD STE 1100	1		215-007-4425
		address > JENKINTOWN, PA 19046	P	hone no.	215-887-4425
Mar	the IDS disc	use this return with the preparer shown above? (see instructions)			X Yes No

Part III 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: THE MISSION OF THE SOCIETY OF ENVIRONMENTAL THE QUALITY, REACH AND VIABILITY OF JOURNAL PUBLIC UNDERSTANDING OF ENVIRONMENTAL ISSUE	JOURNALISTS IS TO STRENGTHEN LISM ACROSS ALL MEDIA TO ADVANCE
Did the organization undertake any significant program services during the year which visit is a service of the control o	were not listed on the
prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts,	
If "Yes," describe these changes on Schedule O.	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	ount of grants and allocations to others,
the total expenses, and revenue, if any, for each program service reported.	
<ul> <li>Page transferred and transferred and transferred by the property of the property</li></ul>	
300 763 to the second of 6	234 390 \ /Payanus \$
4b (Code: ) (Expenses \$ 389,762 including grants of \$ AWARDS OF RECOGNITION AND COVERAGE PROJECTS QUANTITY, VIABILITY AND REACH OF EDITORIALI ENVIRONMENT-RELATED ISSUES.	TO INCREASE THE QUALITY, LY INDEPENDENT NEWS STORIES ON
4 CARGO COMO COMO COMO COMO COMO COMO COMO CO	
4 SERVICE CONTROL CONT	
4c (Code: ) (Expenses \$ 131,280 including grants of \$ PUBLICATION OF NEWSLETTERS, WEB SITE FEATUREMATERIALS ON SKILLS, FREEDOM OF INFORMATION JOURNALISTS WHO REPORT ON ENVIRONMENT-RELATION JOURNALISTS, EDUCATORS, STUDENTS AND THE GE	TAND ISSUES RELEVANT TO TED ISSUES, DISTRIBUTED TO
3 3-13-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1,111-1	
1 Trespersion accommendation of the contract o	
4d Other program services (Describe in Schedule O.) (Expenses \$ 64,266 including grants of \$	) (Revenue \$ 60,529 )

Form 990 (2017) SOCIETY OF ENVIRONMENTAL 52-0194031 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, X ...... 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more b X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

17

18

X

X

X

18

If "Yes," complete Schedule G, Part III

Page 4 Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 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 X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I 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 X 26 disqualified persons? If "Yes," complete Schedule L, Part II 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 X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2017) SOCIETY OF ENVIRONMENTAL

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	/				
	Check it Schedule O contains a response of note to any line in this hart v		***********		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					
·	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5 (2000) (1000)	ACTION CARLOS SINDS			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b	X	E
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	X	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority			1	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				₩.
	account)?	100001000		4a		X
b	If "Yes," enter the name of the foreign country: ▶	30306	4 4 (2 2 4 4 4 4 4 7 7 7 7 7 7 7	section states		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts				
	(FBAR).			Fo	200000000000000000000000000000000000000	X
5a					_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			Paraly Salarian Salaria	+	<b></b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions		0.010.000.0000.0000.0000.0000	CARACATA AND AND AND AND AND AND AND AND AND AN		1
b		01		6b		
_	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	10.000		0111101111		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods				
а				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10.1.106				
·	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		300 10 00 00 00 00		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con-	tract?	. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 a	s required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	3 (00000000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?				100000000	
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the sponsoring organization make any taxable distributions under section 4966?				+-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		(m)(a + + + + + + + + + + + + + + + + + + +	9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			1
а	Initiation fees and capital contributions included on Part VIII, line 12	10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources	110				
b	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	59655555555	**********
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 8				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	_	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	)		14b		

X

Form 990 (2017) SOCIETY OF ENVIRONMENTAL

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
		F-30-30-30-30-30-30-30-30-30-30-30-30-30-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
		ī	Yes	No
10a		10a		X
þ	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	37	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	21000000
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	77
b	Other officers or key employees of the organization	15b	***********	X
	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	30000000		- W
	with a taxable entity during the year?	16a	***********	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			A (4.00 (4.00 (4.00))
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ETH PARKE P.O. BOX 2492 FINKTINTOWN PA 19046 203	2-55	8-6	575
	PA 19040 ZV			_ , _

Part VII

Form 990 (2017) SOCIETY OF ENVIRONMENTAL

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

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

- 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.

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

(A) Name and Title	(B) Average hours per week (list any	er (do not check more than one box, unless person is both an officer and a director/trustee)					n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***2/1000 miloo)	organization and related organizations	
(1) JEFF BURNSIDE	0.00										
BOARD MEMBER	3.00	x						0	0	0	
(2) GLORIA DICKIE											
	3.00										
BOARD MEMBER	0.00	X						0	0	0	
(3) DENNIS R. DIMICK											
BOARD MEMBER	5.00 0.00	x						О	0	0	
(4) SCOTT DODD											
(,, = = = =	1.00										
BOARD MEMBER	0.00	X						0	0	0	
(5) JUDY FAHYS	2.00										
BOARD MEMBER	0.00	x						0	0	0	
(6) GLORIA GONZALEZ	0.00	1-									
(6) GHOICH CONDIMINE	4.00										
BOARD MEMBER	0.00	x			ľ			0	0	0	
(7) MEAGHAN PARKER		П		-							
(.,	7.00					1 1					
BOARD MEMBER	0.00	X						0	0	0	
(8) DAVID POULSON											
	1.00										
BOARD MEMBER	0.00	X			_	$\vdash$	_	0	0	0	
(9) ROGER WITHERSPOO	N							=,			
	5.00				1				_	0	
BOARD MEMBER	0.00	X			_	$\vdash$	_	0	0	0	
(10) JENNIFER BOGO					l						
	1.00							0	o	0	
BOARD MEMBER	0.00	X		-	-	-	_				
(11) JIM DETJEN	1.00										
EX OFFICIO	0.00	X						0	0		
DAA										Form <b>990</b> (2017)	

Part VII Section A. Officers	i, Directors, Tru	stee	5, ne	;y ⊏ı	ubic	yees	, ai	iu nignesi compensateu	Linployees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a c	rson i	than o s both r/truste	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1098-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(12) BREANNA DRAXI	ER 1.00										
BOARD MEMBER	0.00	x						0	0	C	
(13) NANCY J GAARI											
VICE PRESIDENT MEMBE	2.00	x		x				0	0		
(14) CHRISTY GEORG				-		П					
	7.00										
TREASURER (15) ROBERT C MAG	0.00	X		X				0	0	C	
(15) ROBERT C MAG	15.00										
PRESIDENT	0.00	x		X				0	0	C	
(16) SUSAN MORAN	10.00										
VICE PRESIDENT PROGR	0.00	x		x				0	0	C	
		П									
S125724-743, 2548-64-674-68-100514-098-904-098-905-90-68	**************************************										
1b Sub-total	((++(0)))			CERT I	00000	199-9	<b></b>				
c Total from continuation she						F 90 H					
d Total (add lines 1b and 1c) .  2 Total number of individuals (inc	cluding but not lir					d abo	ve)	who received more than \$1	00,000 of		
reportable compensation from	the organization	<b></b>	0							Yes No	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	or tr	ustee	e, ke indiv	y em	ploy	ee, or highest compensated	i		
4 For any individual listed on line organization and related organ	e 1a, is the sum o nizations greater t	f repo	ortat \$150	le co ,000	ompe ? <i>If</i> "	ensat 'Ye <i>s</i> ,'	ion a " <i>cor</i>	and other compensation fro mplete Schedule J for such	m the		
individual  5 Did any person listed on line 1 for services rendered to the or	a receive or accr	ue co	mpe	nsat	ion f	rom a	any i	unrelated organization or in-	dividual	5 X	
Section B. Independent Contracto	rs										
Complete this table for your five compensation from the organization.	e highest compe	nsate mper	ed inc	depe	nder	nt coi	ntrac ndai	ctors that received more that r year ending with or within	n \$100,000 of the organization's tax year.		
	(A) d business address					1311020		Descrip	(B) otlon of services	(C) Compensation	
( <del></del>											
-											
Я				_							
2 Total number of independent of	contractors (include	dina l	out n	ot lin	nited	to th	ose	listed above) who			
received more than \$100,000	of compensation	from	the	orga	nizat	ion 🕨	-		0		

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (B) Related or Unrelated Total revenue excluded from tax exempt business function revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 698,974 1f g Noncash contributions included in lines 1a-1f: 698,974 h Total. Add lines 1a-1f Program Service Revenue Busn Code 333,414 333,414 CONFERENCE REVENUE 48,814 MEMBERSHIP FEES 48,814 22,920 22,920 AWARDS REVENUE f All other program service revenue 405,148 g Total. Add lines 2a-2f. Investment income (including dividends, interest, 44,026 44,026 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ \_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory . Busn. Code Miscellaneous Revenue 11,715 11,715 11a MAILING LIST RENTALS 7,909 7,909 MISCELLANEOUS 1,980 1,980 711190 MAILING LIST RENTALS d All other revenue 21,604 e Total. Add lines 11a-11d 44,026 1,980 1,169,752 424,772 12 Total revenue. See instructions.

Form 990 (2017) SOCIETY OF ENVIRONMENTAL

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Do not include amounts reported on lines 6b, Management and Fundralsing Program service general expenses expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 179,814 179,814 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 47,826 47,826 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 6,750 6,750 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,318 69,634 156,991 276,943 Other salaries and wages ..... 7 Pension plan accruals and contributions (include 1,372 1,214 6,121 3,535 section 401(k) and 403(b) employer contributions) 12,718 11,602 44,568 20,248 Other employee benefits 5,594 4,043 22,249 12,612 Payroll taxes ..... Fees for services (non-employees): Management 3,006 3,006 b Legal 7,000 7,000 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 324 324 Advertising and promotion 549 201 15,879 15,129 Office expenses 13 Information technology ..... 14 15 Royalties 1,613 1,166 15,748 18,527 Occupancy 16 3,599 2,601 93,170 86,970 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,604 1,604 Depreciation, depletion, and amortization 22 325 450 4,389 5,164 23 Insurance 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.) 289,445 256,523 32,922 CONSULTANTS 144,517 144,517 CATERING AND FACILITIES 40,395 40,395 REGIONAL CONFERENCE 26,308 26,308 TRANSPORTATION 64,508 759 44,224 19,525 e All other expenses 95,782 1,294,118 1,062,303 136,033 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2017)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 543,700 522,750 Cash—non-interest bearing 396,051 2 49,982 Savings and temporary cash investments 258,219 406,004 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 19,016 3,082 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 11,748 10a other basis. Complete Part VI of Schedule D 1,604 10,144 1,560 10c 10b Less: accumulated depreciation ..... b 358,401 311,654 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 10,005 1,388,712 10,005 15 Other assets. See Part IV, line 11 15 1,503,321 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,390 7,772 17 Accounts payable and accrued expenses 17 18 Grants payable 18 4,845 8,230 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 10,620 12,617 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 341,557 27 413,077 Unrestricted net assets 27 681,904 892,739 28 Temporarily restricted net assets 28 258,405 281,114 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,492,701 1,376,095 33 Total net assets or fund balances 1,388,712 1,503,321 Total liabilities and net assets/fund balances .....

3a

Form 990 (2017)

the Single Audit Act and OMB Circular A-133? 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.

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

Public Charity Status and Public Support

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

e trust. 2017

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

SOCIETY OF ENVIRONMENTAL

JOURNALISTS, INC.

52-0194031

Employer identification number

	ırt l			<b>Status</b> (All organizations r			his part.) See instruction	S	_		
he	orga			it is: (For lines 1 through 12, che							
1	П			ciation of churches described in s			۸)(i).				
2		A school desc	cribed in section 170(b)(1)(A	a)(ii). (Attach Schedule E (Form 9	990 or 990	)-EZ).)					
3	П	A hospital or a	a cooperative hospital service	e organization described in <b>secti</b>	on 170(b)	(1)(A)(iii)					
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)(A)(iii). Enter the hosp	ital's name,			
		city, and state									
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmental unit described in				
	_		b)(1)(A)(iv). (Complete Part i								
6				vernmental unit described in <b>sec</b>							
7			anization that normally receives a substantial part of its support from a governmental unit or from the general public ped in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)								
8		A community	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> 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:									
10	X										
11	П			clusively to test for public safety			a)(4).				
12	H	An organization	on organized and operated ex	clusively for the benefit of, to per	rform the	functions	of, or to carry out the purposes				
-	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.										
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the										
		supportin	g organization. You must co	mplete Part IV, Sections A and	d B.						
	b	Type II. A	A supporting organization sup management of the supporti	ervised or controlled in connection ng organization vested in the sar	on with its me persor	supported s that cor	d organization(s), by having atrol or manage the supported				
		organizat	ion(s). You must complete	Part IV, Sections A and C.							
	С	Type III f	unctionally integrated. A surted organization(s) (see instr	upporting organization operated in ructions). You must complete P	n connect Part IV, Se	ion with, a ctions A	nd functionally integrated with, D, and E.				
	d	Type III r	on-functionally integrated.	. A supporting organization opera	ated in cor	nection w	rith its supported organization(s	)			
		that is no	t functionally integrated. The	organization generally must satis	fy a distrib	oution req	uirement and an attentiveness				
				ust complete Part IV, Sections							
	е	Check thi	s box if the organization rece lly integrated, or Type III non-	ived a written determination from functionally integrated supporting	ı me iks i a organiza	natition.	Type I, Type II, Type III				
	f		ber of supported organization		9 9						
	g		llowing information about the								
(	) Narr	e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1–10	listed in you	organization or governing	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see Instructions)			
				above (see instructions))	Yes	nent?	ilisti detions)	Wist dollorloy			
(4)					100	- 10			_		
(A)											
(P)									_		
(B)									_		
(C)											
(D)											
(E)											
									=		
rot-											

Page 2

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (20 not include any "unusual grants")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 6 from line 4.  Section B. Total Support  Calendar year (of fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, reris, royalies, and income from similar sources  9 Not income from unrelated business activities, whether on rot the business is regularly carried on.  10 Other hocome. Do not include gain or loss from the sale of capital assets  (Explain In Part VI).  17 Total support. Add lines 7 through 10  18 First five years. If the Porm 950 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Yebic support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  16 33 1/3% support setz—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, ch	Sec	tion A. Public Support						
membership fees received. (Con not include any impulsed grants. 7).  2 Tax revenues levield for the organization without charge particularly included any impulsed grants. 7).  3 The value of services or facilities turnished by a governmental unit to the organization without charge particularly included in a governmental unit to the organization without charge grants. 7 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on ines 1 that exceeds 2% of the amount a governmental unit or publicly dead on the seal of capital assets (expelain in Part VI).  7 Amounts from line 4  9 Organization on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is a regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on unrelated b	Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 change of the protein of total contributions by each person (other than a governmental unit or publication of total contributions by each person (other than a governmental unit or publication on its of the protein of total contributions by each person (other than a governmental unit or publication on its of the protein of total contributions by each person (other than a government unit or publication of the protein of t	1	membership fees received. (Do not						-
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion foltal contributions by each person (other than a overnmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtact line 5 from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total  8 Gross income from inerest. dividends, payments received on securities loans, rents, royalities, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets ((explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets ((explain in Part VI).  11 Gross recopits from related activities, etc. (see instructions)  12 Gross recopits from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage from check activities, etc. (see instructions)  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 First five years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 July-facts-and-circumstances test—2017. If the organization did not check a box on line 13, fis., or 16b, and line 14 is 10% or more, and if the organization meels the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meels the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here	2	organization's benefit and either paid		,				
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) induded on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Publis support. Subtract line 5 from line 4.  Section B. Total Support.  Calendar year of riscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Not income from unrelated business activities, whether on not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  4 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  14 Yeur support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  16 3 31/3% support test—2017. If the organization did not check he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2017. 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, check this box and stop here. Explain in Part VI how 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, check this	3	furnished by a governmental unit to the						
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.  Section B. Total Support  Calendary year (or fiscal year beginning in)	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Subtract line 5 from line 4.  Section B. Total Support  Callendar year (or fiscal year beginning in)  Amounts from line 4  Cross income from interest, dividends, payments received on securifies loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines? through 10  23 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2016. 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, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the this box	5							
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Part III

Schedule A (Form 990 or 990-EZ) 2017

# 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.)

	If the organization falls to	quality under the	tesis listed be	low, please col	ilpiete Fart II.)		
	tion A. Public Support	( ) 0040	(1) 0044	(a) 2015	(d) 2016	(e) 2017	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(a) 2016	(e) 2017	(i) Total
1	Gifts, grants, contributions, and membership	554,058	791,813	447,958	645,219	698,974	3,138,022
2	fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	315,690	344,148	356,314	407,798	424,772	1,848,722
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	869,748	1,135,961	804,272	1,053,017	1,123,746	4,986,744
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	158,966	139,688	291,564	304,085	138,106	1,032,409
_	or 1% of the amount on line 13 for the year	158,966	139,688	291,564	304,085	138,106	1,032,409
	Add lines 7a and 7b  Public support. (Subtract line 7c from	130,900	135,000				
8	line 6.)						3,954,335
Sec	tion B. Total Support			-			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	869,748	1,135,961	804,272	1,053,017	1,123,746	4,986,744
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,993	12,852	17,143	22,628	44,026	104,642
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7,993	12,852	17,143	22,628	44,026	104,642
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,635	14,822	22,176	15,862	21,604	90,099
13	Total support. (Add lines 9, 10c, 11,				1		10/08/01 - Mares 640
	and 12.)	893,376	1,163,635	843,591	1,091,507	1,189,376	5,181,485
14	First five years. If the Form 990 is for the organization, check this box and stop here				a section 501(c)(3		<b>&gt;</b> 🗆
Sec	tion C. Computation of Public Su					11	
15	Public support percentage for 2017 (line 8,						76.32 %
16	Public support percentage from 2016 Sche					16	76.39 %
Sec	tion D. Computation of Investme					17	2 %
17	Investment income percentage for 2017 (lir					40	1%
18	Investment income percentage from 2016	Schedule A, Part III,	line 17		ro than 33 1/2% ar		1 70
19a	33 1/3% support tests—2017. If the organ	nization did not chec	k the box on line 14	ifice as a publicly o	ie uiaii oo 1/o%, af unnorted organizat	iu iiile ion	×
	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2016. If the organ	x and stop nere. In	e organization qual k a hov on line 14 o	nice as a publicly S or line 10a and line	16 is more than 33	3 1/3%, and	STANDARD TO
b	line 18 is not more than 33 1/3%, check this	boy and stop bere	The organization	qualifies as a publi	cly supported organ	nization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a. or 19b	, check this box ar	d see instructions	***********	CERTIFICATION
~~	I IT WES IS SITUATED IN IT IN CO. S. S. C.						

Schedule A (Form 990 or 990-EZ) 2017

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

TO THE SERVICE SHAPE	Yes	No
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2	000000000000000000000000000000000000000	600000000000000000000000000000000000000
20		
3a	00000000000000000000000000000000000000	55/000300000000
3b		
3000		
		000000000000000000000000000000000000000
3c		
Charlestering	11(4)(4)(4)(4)(4)	
4a		
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4b		
(0)(00000000000000000000000000000000000		510000000000000000000000000000000000000
4c		
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5a	***********	
5b		
5c		
(00)00(888)		560000000000000000000000000000000000000
6		
7		
7		
7		
7 8		
8		
8		
8 9a		
8		
8 9a		
9a 9b		
8 9a		
9a 9b		
9a 9b 9c		
9a 9b 9c		
9a 9b		

Schedu	le A (Form 990 or 990-EZ) 2017 SOCIETY OF ENVIRONMENTAL	52-0194031		Page 5
Par			1 1/	
	E		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)	112		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	110		
	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.			
Secti	on B. Type I Supporting Organizations		Yes	No
	Division of the standard process of the process of			
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			
	tax year? If "No," describe in Part VI now the supported organization so the entrely operated, supported 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	AND DO PROTECTION OF THE	Marchael Control
	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	·		
0000	on only point outper and outper a		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_ 1	200 - 201 201 200 200 200 200 200 200 200 200	0.0000000000000000000000000000000000000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	SS 6501610000000	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	01 1 -1 -1 -1		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government er	ntity (see instructions).		
			Yes	No
2 /	Activities Test. Answer (a) and (b) below.		100	l iii
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	2a		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
	that these activities constituted substantially all of its activities.			
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	2b		18881991199199
-	activities but for the organization's involvement.			
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	3a	xxx <b>0</b> 0010000000000000000000000000000000	24200000000000000000000000000000000000
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	*********		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations in Tes, describe in Fart VI the fole played by the organization in this regard.	2	200 000	F7\ 004

Schedu	ile A (Form 990 or 990-EZ) 2017 SOCIETY OF ENVIRONMENTAL		52-0194	031 Page 6
Par	monado	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI).See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
	sintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	tructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
<del></del> 4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8	A 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III sı	upporting organization (see	
•	Tollook holo it tilo outlonk jour is tile organization and as a manual and a manual		,	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizati	ons (continued)	
		apporting organizati	one journment,	Current Year
	on D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to supported organizations to accompany exempt purposes of			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supporter	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		,
Ü	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Ente of annount divided by mile of announce	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			The second secon
	instructions.		000.000000	
3	Excess distributions carryover, if any, to 2017:			
а				
b	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			010000000000000000000000000000000000000
	Applied to 2017 distributable amount	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.  Remaining underdistributions for 2017. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
-	Excess distributions carryover to 2018. Add lines 3j			
7	and 4c.			
8	and 4c. Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Cabadula A /Form	n 990 or 990-EZ) 2017	SOCIETY OF	ENVIRONMENTA	AL.	52-0194031	Page 8_
Part VI	Supplemental Infor III, line 12; Part IV, S B lines 1 and 2: Par	mation. Provide to Section A, lines 1, to IV, Section C, lines 1: Part V. Section C	he explanations requ 2, 3b, 3c, 4b, 4c, 5a, se 1; Part IV, Section on B. line 1e; Part V	uired by Part II, line 1 6, 9a, 9b, 9c, 11a, 1 D, lines 2 and 3; Pa , Section D, lines 5, 6	0; Part II, line 17a or 17 11b, and 11c; Part IV, S art IV, Section E, lines 10 6, and 8; and Part V, Se structions.)	ection c, 2a, 2b,
PART I	II, LINE 12 -	OTHER INCO	ME DETAIL		***************************************	
MAILING	G LIST RENTAL	3	\$ pwn.a.	59,413		****
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **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

2017

Name of the organization

SOCIETY OF ENVIRONMENTAL

JOURNALISTS, INC.

Employer identification number

52-0194031

Filers of:	Section:
1 11013 01.	
Form 990 or 990-EZ	▼ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 cov. Note: Only a section 501(c)(7), instructions.	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the \$5,000; or (2) 2% of the For an organization descontributor, during the y	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /a% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  Scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the y contributions totaled mo during the year for an e General Rule applies t	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the of this organization because it received nonexclusively religious, charitable, etc., contributions during the year
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, : 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SOCIETY OF ENVIRONMENTAL

Employer identification number 52-0194031

Parti	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREA FUND PO BOX 29155 SAN FRANCISCO CA 94129	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4  BULITT FOUNDATION 1501 EAST MADISON STREET SUITE 600 SEATTLE WA 98122	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 3	CAMPBELL FOUNDATION 410 SEVERN AVENUE SUITE 210 ANNAPOLIS MD 21403	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COMPTON FOUNDATION 101 MONTGOMERY STREET SUITE 850 SAN FRANCISCO CA 94104	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CRAIGSLIST CHARITABLE FUND 222 SUTTER STREET 9TH FLOOR SAN FRANCISCO CA 94108	\$ 25,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EARTHJUSTICE 1625 MASSACHUSETTS AVENUE NW WASHINGTON DC 20036	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SOCIETY OF ENVIRONMENTAL

Employer identification number 52-0194031

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FJC FOUNDATION OF PHILANTHROPIC FUND 130 EAST 59TH STREET 11TH FLOOR, UNIT A NEW YORK NY 10022	\$ 22,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	HOOVER FOUNDATION 4900 TIEDMAN ROAD 1ST FLOOR BROOKLYN OH 44144	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HEWLETT FOUNDATION 2121 SAND HILL ROAD  MENLO PARK CA 94025	\$ 215,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	J.M. HOPWOOD CHARITABLE TRUST PO BOX 239  ELKINS NH 03233	\$ 25,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KRESGE FOUNDATION 3215 W. BIG BEAVER ROAD TROY MI 48084	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	PHIPPS CONSERVATORY  1 SCHENLEY DRIVE  PITTSBURGH PA 15213	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

SOCIETY OF ENVIRONMENTAL

Employer identification number 52-0194031

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13.	PITTSBURGH FOUNDATION 5 PPG PLACE SUITE 250 PITTSBURGH PA 15222	\$ 20,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 14	PULLIAM FOUNDATION 135 N. PENNSYLVANIA STREET INDIANAPOLIS IN 46204	\$ 21,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 15	RK MELLON FOUNDATION BNY MELLON CENTER 500 GRANT STREET, SUTIE 4106 PITTSBURGH PA 15219	\$ 25,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SCRIPPS HOWARD FOUNDATION 312 WALNUT STREET 28TH FLOOR CINCINNATI OH 45202	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.17	TRAMMELL S. CROW 3526 ARROWHEAD DRIVE DALLAS TX 75204	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE AR 72712-2030	\$ 115,029	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number Name of the organization SOCIETY OF ENVIRONMENTAL 52-0194031 JOURNALISTS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ ......... (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

100000000000000000000000000000000000000		Collections of	Art Historical Tre	asures or Other	Similar As	sets (c	ontinu		age =
	Using the organization's acquisition, accession	and other records	shack any of the following	ng that are a significan	t use of its	0010 10	Orienta	<i>-</i>	
3	collection items (check all that apply):	n, and other records, t	sheek arry of the following	ig that are a significant	r use or no				
а	Public exhibition	d 🗍 L	oan or exchange progr	ams					
b	Scholarly research	е 🗍 (	Other						
C	Preservation for future generations				nesekshten een een				
4	Provide a description of the organization's col	lections and explain he	ow they further the orga	nization's exempt purp	ose in Part				
•	XIII.		,						
5	During the year, did the organization solicit or	receive donations of a	ert, historical treasures.	or other similar					
3	assets to be sold to raise funds rather than to	he maintained as part	of the organization's co	ollection?		V10000V-200	Ye	s	No
D.	ert IV Escrow and Custodial Arr		of the organization of	LECTULES					
	Complete if the organization	answered "Yes"	on Form 990. Parl	IV. line 9, or repo	orted an am	ount or	Form		
	990, Part X, line 21.	Tallowcica 100	011 1 01111 000, 1 011						
_	Is the organization an agent, trustee, custodia	n er ether intermedian	y for contributions or other	ner assets not					
1a							Ye	s 「	No
	included on Form 990, Part X?			. Audi		4 4 4 4 3 7 7 4		_	,
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table:				Amount		
					1c		7 11.110		_
	Beginning balance				10.000.000				
	Additions during the year				50000000			_	_
	Distributions during the year				4.5			-	_
f	Ending balance					-			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	I, for escrow or custodia	al account liability?			Ye	)S  -	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expli	anation has been provid	ded on Part XIII	erere erere erere ererere			_	
Pa	rt V Endowment Funds.			19696 11 40					
	Complete if the organization	n answered "Yes"	on Form 990, Part				_		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year		(e) Fou		
1a	Beginning of year balance	258,405	252,769	310,652		1,242			042
	Contributions	1,718	2,747	1,850		4,051		2,	255
	Net investment earnings, gains, and								
	losses	33,996	16,083	-5,192		9,670		37,	711
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs	13,005	13,194	54,541	1	4,311		13,	766
f	Administrative expenses								
		281,114	258,405	252,769	31	0,652		311,	242
2	Provide the estimated percentage of the curre	ent vear end balance (l	line 1g, column (a)) held	d as:					
_	Board designated or quasi-endowment ▶	%							
	Permanent endowment ► 100.00 %								
	Temporarily restricted endowment ▶	%							
·	The percentages on lines 2a, 2b, and 2c show	* F1800 * * E1808 (F)							
32	Are there endowment funds not in the posses		n that are held and adn	ninistered for the			2		
Ju	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schedule R?			EASINETIS .	3b		
a.	Describe in Part XIII the intended uses of the					*****			
- 4 D-	art VI Land, Buildings, and Equ		nen iano.						
me	Complete if the organization	pillelli. a onewered "Vee"	on Form 990 Parl	IV line 11a See	Form 990	Part X	line 10	)	
		(a) Cost or other be			Accumulated	T GILLY	(d) Book		
	Description of property	(investment)	dais (b) cost of of		epreciation		(-,	,	
_		<del></del>	(01110)	,					
	Land								
	Buildings								_
	Leasehold improvements			11 7/0	10,14	1		1	604
d	Equipment			L1,748	10,14	-		<u> </u>	504
	Other		. 25 . 35 .			_		1	604
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	, column (B), line 10c.)			>		Ι,	60 <u>4</u>

	orm 990) 2017 SOCIETY OF ENVIRONMEN	PAL	52-0194031	Page
Part VII	Investments—Other Securities.	Form 000 Bort IV/ lin	o 11h Soo Form 000 Part	/ line 12
	Complete if the organization answered "Yes" on	(b) Book value	(c) Method of value	
	(a) Description of security or category  (including name of security)	(b) Book value	Cost or end-of-year man	
(1) Einangial d			<u> </u>	
(1) Financial d	derivatives			
	eld equity interests	,		
1/10/17				
(C)	** ************************************			
7.				
<b>(=)</b>	Total Single State			
N CONTRACTOR	32.50			
(H)		x		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			1000000000 100000000000000000000000000
Part VIII	Investments—Program Related.			
100000199491919199999999999	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11c. See Form 990, Part X	Ine 13.
	(a) Description of investment	(b) Book value	(c) Method of value	ition:
			Cost or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u> </u>	TO CONTROL OF THE CON	
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 990 Part IV lin	e 11d. See Form 990. Part	X line 15
	Complete if the organization allowered res on	roini 990, Fait IV, iii	10. 000 1 0111 000, 1 011	(b) Book value
240	(a) Description			(2) 2001 10100
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
SOORESTEED TO THE STREET OF THE STREET	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 990	, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)			_	
(3)				
(4)				
(5)			_	
(6)				
(7)			-	
(8)			_	
(0)				

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

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

Schedule D (Form 990) 2017 SOCIET	Y OF ENVIRONMENTAL		52-0194031		Page 4
Part XI Reconciliation of Rev	enue per Audited Financial St	atements With Re	venue per Retu	rn.	
	zation answered "Yes" on Form 9			1	1,177,512
	t per audited financial statements			1	1,111,012
2 Amounts included on line 1 but not on F		2a	7,760		
	ments	000000000	- 1,100		
b Donated services and use of facilities		(California)			
		Caran Sarah	PROPERTY OF THE PROPERTY OF TH	2e	7,760
				3	1,169,752
4 Amounts included on Form 990, Part V					
	form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		3220			
c Add lines 4a and 4b				4c	
5 Total revenue. Add lines 3 and 4c. (Thi	s must equal Form 990, Part I, line 12.)			5	1,169,752
Part XII Reconciliation of Exp	enses per Audited Financial S	Statements With E	xpenses per Re	turn.	
Complete if the organization	zation answered "Yes" on Form 9	990, Part IV, line 1:	2a		
1 Total expenses and losses per audited	financial statements			1	1,294,118
2 Amounts included on line 1 but not on F	Form 990, Part IX, line 25:	ч т			
a Donated services and use of facilities		2a			
<b>b</b> Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	1 20/ 110
				3	1,294,118
4 Amounts included on Form 990, Part IX	(, line 25, but not on line 1:				
a Investment expenses not included on F	orm 990, Part VIII, line 7b	4a			
				A -	
c Add lines 4a and 4b	75 SON B. 11 F. 100		**************************************	4c 5	1,294,118
5 Total expenses. Add lines 3 and 4c. (T				<u> </u>	1/201/220
Part XIII Supplemental Inform Provide the descriptions required for Part II, li	ation.	last IV. lines 1h and 2h:	Part V. line 4: Part Y	line	
Provide the descriptions required for Part II, II 2; Part XI, lines 2d and 4b; and Part XII, lines	nes 3, 5, and 9; Part III, lines 1a and 4, F	wide any additional info	rmation	IIIIC	
2; Part XI, lines 2d and 4b; and Part XII, lines  PART V, LINE 4 - INTE	ZO AND TO TISES FOR ENDOW	MENT FINDS	illiadoli.		
PART V, LINE 4 - INII	INDED USES FOR ENDOR		<u>egg</u>	e;·····*	
THE ENDOWMENT FUNDS A	APE TO BE USED FOR S	UPPORT GENE	RAL OPERAT	IONS	. THE
THE ENDOWMENT FUNDS 2	<u> </u>			7.77.07.1	
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NO FINANCIAL STATEMEN	NT EFFECT ON THE ORG	ANIZATION.			
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PART X - FIN 48 FOOT	OTE				5
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INCOME TAXES THE	ORGANIZATION ADOPTED	THE ACCOUN	TING STAND	ARD I	RELATED TO
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OF THIS STANDARD HAD	NO FINANCIAL STATEM	ENT EFFECT	FOR THE OR	CHIN I	LATION.
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Schedule D (Fo	orm 990) 2017	SOCIETY	OF	ENVIRONMENTA	L	52-0194031	Page 5
Part XIII	Supplemen	tal Information	on (cc	ontinued)			
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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

SOCIETY OF ENVIRONMENTAL

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open to Public Inspection

Employer Identification number

2 |X COVERAGE PROJECT (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Yes 52-0194031 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and EMV (e) Amount of noncash assistance 170,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 81-2404459 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? DC 20006 (a) Name and address of organization JOURNALISTS, or government 900 17TH STREET NW (1) THE GUARDIAN WASHINGTON Part III Parti 3 8 8 6 9 9 3

Enter total number of other organizations listed in the line 1 table

SOCI0002

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)
Part III Grants and

I dit ili odi be dapileated il additional space is riceded	יייים איייים				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, left) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisat, otner)	
1 GRANTS	2	47,826		FMV	
2					
8					
4					
LO.					
9					
7					
Part IV Supplemental Information. Provide the information r	ride the information rec	quired in Part I, line 2	; Part III, column (b);	required in Part I, line 2; Part III, column (b); and any other additional information.	nformation.

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization SOCIETY OF ENVIRONMENTAL JOURNALISTS, INC.

Employer identification number 52-0194031

FORM 990, PART VI - ADDITION	AL INFORMATION
BETH PARKE AND CHRISTINE BRU	GGERS, WHO BOTH SERVE AS CO-EXECUTIVE DIRECTORS
AT SEJ, ARE RELATED BY MARRI	AGE.
	RELATED PARTY INFORMATION AMONG OFFICERS
BETH PARKE	CHRIS BRUGGERS
	CHRIS BRUGGERS
IN-LAWS	
IN-LAWS	

SECTION 1. CATEGORIES OF MEMBERSHIP. THE SOCIETY SHALL CONSIST OF MEN

AND WOMEN WHOSE QUALIFICATION IN THE JUDGMENT OF THE BOARD OF DIRECTORS,

HEREINAFTER CONSTITUTED, OR ITS DESIGNEE (S) SHALL WARRANT THEIR ELECTION

TO ANY OF THE FOLLOWING FOUR CATEGORIES OF MEMBERS: ACTIVE MEMBER,

ASSOCIATE MEMBER, ACADEMIC MEMBER AND HONORARY MEMBER. ACTIVE, ASSOCIATE

AND ACADEMIC MEMBERS SHALL NOT ENGAGE IN LOBBYING OR PUBLIC RELATIONS WORK

RELATING TO ENVIRONMENTAL ISSUES. THE BOARD OF DIRECTORS MAY MAINTAIN

POLICIES ON HOW THE MEMBERSHIP SECTION OF THESE BYLAWS WILL BE IMPLEMENTED

BY THE BOARD. THE QUALIFICATIONS AND RIGHTS OF THE MEMBERS OF THOSE

CATEGORIES SHALL BE AS FOLLOWS:

A. ACTIVE MEMBER. AN INDIVIDUAL IS ELIGIBLE TO BE AN ACTIVE MEMBER

IF HE OR SHE IS PRIMARILY ENGAGED IN THE GATHERING, REPORTING, WRITING,

EDITING, PHOTOGRAPHING, PRODUCING OR CARTOONING OF NEWS FOR DISSEMINATION

SOCIETY OF ENVIRONMENTAL

Employer identification number

52-0194031

BY REGULARLY PUBLISHED, GENERAL CIRCULATION NEWSPAPERS, MAGAZINES, AND
NEWSLETTERS, AS WELL AS RADIO AND TELEVISION STATIONS AND NETWORKS, ONLINE
MEDIA, BOOKS, NEWS SERVICES AND OTHER MEDIA AVAILABLE TO THE GENERAL
PUBLIC. NEITHER ACTIVE MEMBERS NOR THEIR EMPLOYERS SHALL ENGAGE IN LOBBYING
OR PUBLIC RELATIONS WORK RELATING TO ENVIRONMENTAL ISSUES.

- B. ASSOCIATE MEMBER. AN INDIVIDUAL IS ELIGIBLE TO BE AN ASSOCIATE

  MEMBER IF: 1) HE OR SHE IS SUBSTANTIALLY ENGAGED IN JOURNALISM OR WORKS IN

  FIELDS THAT CLOSELY RELATE TO JOURNALISM YET IS INELIGIBLE FOR ACTIVE

  MEMBERSHIP, EITHER BECAUSE JOURNALISM IS NOT HIS OR HER PRIMARY OCCUPATION

  OR BECAUSE HIS OR HER EMPLOYER LOBBIES OR CONDUCTS PUBLIC RELATIONS WORK

  RELATING TO ENVIRONMENTAL ISSUES, AND: 2) IN THE MAJORITY OPINION OF THE

  BOARD OF DIRECTORS, OR ITS DESIGNEE(S) WILL CONTRIBUTE TO THE ATTAINMENT OF

  THE OBJECTIVES OF THE SOCIETY. ASSOCIATE MEMBERS SHALL NOT ENGAGE IN

  LOBBYING OR PUBLIC RELATIONS WORK RELATING TO ENVIRONMENTAL ISSUES.
- C. ACADEMIC MEMBER. AN INDIVIDUAL IS ELIGIBLE TO BE AN ACADEMIC MEMBER IF HE OR SHE IS ON THE FULL-TIME FACULTY OR IS A STUDENT AT AN ACCREDITED COLLEGE, UNIVERSITY, OR OTHER SCHOOL AND HAS AN INTEREST IN ENVIRONMENTAL JOURNALISM AND/OR ENVIRONMENTAL ISSUES. ACADEMIC MEMBERS SHALL NOT ENGAGE IN LOBBYING OR PUBLIC RELATIONS WORK RELATING TO ENVIRONMENTAL ISSUES.
- D. HONORARY MEMBER. AN INDIVIDUAL IS ELIGIBLE TO BE AN HONORARY

  MEMBER IF HE OR SHE HAS RENDERED OUTSTANDING AND DISTINGUISHED SERVICE TO

  THE SOCIETY, AS DETERMINED BY THE BOARD OF DIRECTORS. AN HONORARY MEMBER

  SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF THE SOCIETY, EXCEPT THAT THEY

PAGE 1 OF 6

SOCIETY OF ENVIRONMENTAL

Employer identification number

52-0194031

SHALL NOT BE ENTITLED TO VOTE OR HOLD OFFICE.

SECTION 2. APPLICATION FOR MEMBERSHIP. AN INDIVIDUAL SEEKING MEMBERSHIP
IN THE SOCIETY AS AN ACTIVE, ASSOCIATE OR ACADEMIC MEMBER MUST SUBMIT A
COMPLETED APPLICATION, IN SUCH FORM AS THE BOARD OF DIRECTORS SHALL FROM
TIME TO TIME DETERMINE, TO THE BOARD OF DIRECTORS OR A COMMITTEE OR OFFICER
DESIGNATED BY THE BOARD OF DIRECTORS, WHICH, IN ITS SOLE DISCRETION, WILL
GRANT OR DENY THE INDIVIDUAL'S APPLICATION FOR MEMBERSHIP. APPLICANTS WILL
BE NOTIFIED IN WRITING, IF ACCEPTED, AND OF THE MEMBERSHIP STATUS GRANTED.
HONORARY MEMBERS WILL BE DESIGNATED BY THE BOARD OF DIRECTORS IN ITS SOLE
DISCRETION.

SECTION 3. TERMINATION OF MEMBERSHIP. THE BOARD OF DIRECTORS, BY THE
AFFIRMATIVE VOTE OF TWO-THIRDS OF ALL OF THE MEMBERS OF THE BOARD PRESENT
AT ANY REGULAR OR SPECIAL MEETING, MAY TERMINATE THE MEMBERSHIP OF A
MEMBER, FOR CAUSE, AFTER AN APPROPRIATE HEARING, AND MAY, BY A MAJORITY
VOTE OF THOSE PRESENT AT ANY REGULAR OR SPECIAL MEETING, TERMINATE THE
MEMBERSHIP OF ANY MEMBER WHO SHALL BE IN DEFAULT IN THE PAYMENT OF DUES OR
DELEGATE SUCH AUTHORITY TO AN APPROPRIATE COMMITTEE.

SECTION 4. MEMBERSHIP DUES. THE AMOUNT OF THE DUES OF THE MEMBERS SHALL
BE DETERMINED BY THE BOARD OF DIRECTORS OR A COMMITTEE OR OFFICER

DESIGNATED BY THE BOARD OF DIRECTORS AND SHALL BE PAID MONTHLY OR ANNUALLY
BY SUCH DATES OR DATE AS MAY BE DETERMINED BY THE BOARD FROM TIME TO TIME.

THE BOARD OF DIRECTORS OR ITS DESIGNEE(S) MAY ESTABLISH DIFFERENT DUES

AMOUNTS FOR MEMBERS OF DIFFERENT CATEGORIES AND MAY FROM TIME TO TIME OFFER

SPECIAL DUES DISCOUNTS.

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SOCIETY OF ENVIRONMENTAL

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FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE ORGANIZATION HAS THE POWER TO ELECT MEMBERS TO THE GOVERNING BODY.					
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS					
CHANGES TO THE ORGANIZATION'S BYLAWS OR ARTICLES OF INCORPORATION ARE					
SUBJECT TO APPROVAL BY MEMBERS.					
FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED					
JEFF BURNSIDE					
5411 VILLAGE PARK DRIVE					
BELLEVUE, WA 98006					
GLORIA DICKIE					
131 GARFIELD AVENUE					
ONTARIO, CA					
DENNIS R. DIMICK					
4707 SIXTH STREET S					
ARLINGTON, VA 22204					
SCOTT DODD					
1201 WESTERN AVENUE					
SEATTLE, WA 98101					
TIDY FAUVO					
JUDY FAHYS					
2733 E. 4215 SOUTH STREET					

Schedule O (Form 990 or 990-EZ) (2017)

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