Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2024 calenda	ar year, or tax year beginning , 2024,	and ending			, 20
В	Check if a	applicable:	C Name of organization		D Emplo	yer identif	ication number
	Address	change	ENVIRONMENTAL EDUCATORS OF NROTH CAROLINA		56-3	1715308	
Ц	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none numbe	er
Н	Initial ret	urn/terminated	150 HIGHLANDS SQ DDR PMB 1034		(984	4)999-1	702
Н	Amende		City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exempti	on
П			Hendersonville, NC 28792		Numb		
G	Account	ing Method:		Н	Check x	if the or	ganization is not
	Website	•	EENC.ORG				chedule B
			ck only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		(Form 99		
		organization:			`		
		ū	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re or if total as	eedte		
			\$500,000 or more, file Form 990 instead of Form 990-EZ			¢	142 000
	art I		e, Expenses, and Changes in Net Assets or Fund Balanc				142,999
Г	arti		· · · •	•			•
_			the organization used Schedule O to respond to any question in this				
	1		s, gifts, grants, and similar amounts received			1	80,413
	2	-	vice revenue including government fees and contracts			2	33,948
	3		dues and assessments		<u> </u>	3	12,440
	4		ncome		• • •	4	1,247
	5a		nt from sale of assets other than inventory				
	b	Less: cost of	r other basis and sales expenses				
	С	Gain or (loss	s) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	Gaming and	fundraising events:				
	а	Gross incom	ne from gaming (attach Schedule G if greater than				
ne		\$15,000) .					
Revenue	b	Gross incom	ne from fundraising events (not including \$ of contribution)	utions			
Se.		from fundrais	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b	8	,141		
	С	Less: direct	expenses from gaming and fundraising events 6c				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct			
					[6d	8,141
	7a	Gross sales	of inventory, less returns and allowances				<u> </u>
	b		goods sold				
	С		or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	•	ue (describe in Schedule O)		- H	8	6,810
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		-	9	142,999
	10		similar amounts paid (list in Schedule O)			10	5,576
	11		d to or for members			11	3,370
	12		er compensation, and employee benefits			12	119,367
S	13		fees and other payments to independent contractors			13	
SC.							3,275
Expenses	14		rent, utilities, and maintenance			14	415
Ш	15		lications, postage, and shipping			15	415
	16		ses (describe in Schedule O)		_	16	35,084
	17		ses. Add lines 10 through 16			17	163,717
,-	18		leficit) for the year (subtract line 17 from line 9)		• • •	18	(20,718)
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w				
Net Assets		-	figure reported on prior year's return)			19	110,038
et.	20	Other chang	es in net assets or fund balances (explain in Schedule O)		-	20	(2,481)
2	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20			21	86.839

Form 0	90-EZ (2024) ENVIRONMENTAL EDUCATO	NDG OF NDOWN GA	OT THE	E6 1'	71 = 20	Page
Part			ROLINA	56-1	/1530	18 Page
1 art	Check if the organization used Schedule O t	•	estion in this Part II			E
	Official in the organization acca contoadio of	to recipend to any qu		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			72,281	22	87,410
23	Land and buildings		<u> </u>	72,201	23	07,410
24	Other assets (describe in Schedule O)		<u> </u>	39,578	24	0
25	Total assets			111,859	25	87,410
26	Total liabilities (describe in Schedule O)		-	1,821	26	571
27	Net assets or fund balances (line 27 of column (B) m		_	110,038	27	86,839
Part					+	00,000
	Check if the organization used Schedule O	,		·		Expenses
What is	s the organization's primary exempt purpose? Build o				(Req	uired for section
			_		,	c)(3) and 501(c)(4)
	be the organization's program service accomplishments for asured by expenses. In a clear and concise manner, descr	•	, ,		orgai	nizations; optional fo
	s benefited, and other relevant information for each progra		ea, the number of		Outlot	0.)
•	EENC's mission is to build connection		fessional			
-	development, and promote excellence f					
-	community of environmental educators.					
((Grants \$) If this amour	nt includes foreign grant	s, check here		28a	78,901
29	,					
-						
-						
((Grants \$) If this amour	nt includes foreign grant	s, check here		29a	
30						
-						
((Grants \$) If this amour	nt includes foreign grant	s, check here		30a	
31 (Other program services (describe in Schedule O)					
<u>(</u>	(Grants \$) If this amour	nt includes foreign grant	s, check here		31a	
32	Total program service expenses (add lines 28a through	h 31a)			32	78,901
Part	IV List of Officers, Directors, Trustees, and	Key Employees (li	st each one even if no	compensated-see t	he instr	uctions for Part IV
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part	V		[
		(b) Average	(c) Reportable	(d) Health benefits,		\ Fatimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employ benefit plans, and	ee (e	 Estimated amount of other compensation
		devoted to position	1099-NEC)	deferred compensatio	n	
See !	990_OFOV		(if not paid, enter -0-)			
WILL	FREUND					
PRES	IDENT	7.00	0		0	0
KYRA	THUROW BARTOW					
PAST	PRESIDENT	3.00	0		0	0
CYNTI	HIA PEEDIN					
PRES	IDENT ELECT	4.00	0		0	0
HILL	ARY HARRISON					
SECR	ETARY	2.00	0		0	0
BREA	NNA WALKER					
TREA	SURER	2.00	0		0	0
TIMO	THY GOODALE					
EAST	ERN SECTION CHAIR	2.00	0		0	0
KRIS	TA BRINCHEK					
CENT	RAL SECTION CHAIR	2.00	0		0	0
LAKY	LA HODGES					

2.00

2.00

2.00

2.00

0

0

0

0

WESTERN SECTION CHAIR

PIEDMONT SECTION CHAIR

NOAH UPCHURCH

ERIN CARROLL MEMBER AT LARGE

MORGAN FLYNT MEMBER AT LARGE 0

0

0

0

0

0

0

0

Form 990-EZ (2024) ENVIRONMENTAL EDUCATORS OF NROTH CAROLINA 56-1715308 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Х 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Х b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 35c x Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 x 37a b 37b x 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Х If "Yes," complete Schedule L, Part II, and enter the total amount involved b 38b 39 Section 501(c)(7) organizations. Enter: а b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40a section 4911: ; section 4912: b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b Х Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e Х 41 List the states with which a copy of this return is filed: 42a The organization's books are in care of: Telephone no. 984-999-1702 BREANNA WALKER Located at: 150 HIGHLANDS SQ DDR PMB 1034, Hendersonville, NC ZIP + 4 28792 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). х If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Х С х If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 45a X Did the organization receive any payment from or engage in any transaction with a controlled entity within the

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

x

45b

56-1715308

46	Did th	e organization engage, directly or indirect	ly in political campaign a	ctivities on b	ehalf of or in	oppo	sition				Yes	No
		didates for public office? If "Yes," comple	, ,							46		х
Part		Section 501(c)(3) Organizations									· ·	
	/	All section 501(c)(3) organization	s must answer ques	tions 47-4	9b and 52	2, an	d coi	mplete the	table	es for	lines	
		50 and 51.										
	(Check if the organization used So	chedule O to respon	d to any q	uestion in	this	Part	VI				
											Yes	No
47	Did the	e organization engage in lobbying activitie	es or have a section 501(h) election in	effect during	g the t	ax					
	-	If "Yes," complete Schedule C, Part II .								47		х
48	Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)? If "Y	es," complet	te Schedule I	Ε				48		х
49a	Did the	e organization make any transfers to an e	xempt non-charitable rela	ited organiza	ition?					49a		х
b	If "Yes	s," was the related organization a section	527 organization?							49b		
50	Compl	lete this table for the organization's five hig	ghest compensated emplo	yees (other t	han officers,	direct	ors, tr	ustees, and k	еу			
	emplo	yees) who each received more than \$100	,000 of compensation fror	m the organiz	zation. If there	e is no	one, e	nter "None."				
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	compe (Forms W-2	portable ensation /1099-MISC/ 9-NEC)	contr	ibutions it plans,	benefits, to employee and deferred ensation		Estimated other con		
NONE												
f	Total r	number of other employees paid over \$10	0,000		'			'				
51		lete this table for the organization's five high		· ·	actors who ea	ach re	ceive	d more than				
		000 of compensation from the organization										
		, ,	,									
		(a) Name and business address of each independen	t contractor	(b)	Type of service			(0	Com	pensation		
NONE												
d	Total	number of other independent contractors	each receiving over \$100	000				1				
52		e organization complete Schedule A? No	•	•								
JZ			` , ` ,	Ū					v	Yes	□и	la.
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	, , ,	O		,		•	vledge	and bell	iet, it is	
	irect, and		onicer) is based on all lillon	nation of which	ii piepaiei iias	ally K	TIOWIEC	ige.				
Cian		BREANNA WALKER										
Sign Here		Signature of officer					Da	ıc				
пеге		BREANNA WALKER, TREASURER	<u>'</u>									
		Type or print name and title	Propororio oignosti in	-	Data				DT.	N		
De! !			Preparer's signature		Date			Check if	PTI			
Paid		Misty Watson			05-14-2			self-employed	P01	L2100	41	
Prep		Firm's name Misty D Watson,	CPA, PA				Firm's	EIN				
Use (Only	Firm's address PO Box 2122										
		Boone NC 28607					Phone	no. 704 -		5053		
May th	ne IRS d	iscuss this return with the preparer shown	above? See instructions			<u></u>	<u></u> .		. х	Yes	N	lo

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated. (c) Reportable (d) Health benefits, (b) Average (e) Estimated amount of contributions to employee compensation (a) Name and title hours per week other compensation (Form W-2/1099-MISC/ benefit plans, and devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) JESSICA STITT 2.00 0 0 0 MEMBER AT LARGE ALEXANDRIA HUBER DISLA 0 0 MEMBER AT LARGE 2.00 0 NICOLE WARREN 2.00 0 MEMBER AT LARGE 0 0 HARRISON JACKSON 0 MEMBER AT LARGE 2.00 0 0 TAMARA KELLY MEMBER AT LARGE 2.00 0 0 0 MICHELLE PEARCE PROGRAMS LEAD 22.00 35,161 0 0 DAVID RIZOR OPERATIONS AND DEVELOPMENT LEAD 22.00 26,165 0 0 LEIGH KOPICKI CONTRACTED SOCIAL AND COMMONS WORK 22.00 0 0 0 MIR YOUNGQUIST THUROW HISTORIAN 0 0 2.00 0 LISA TOLLEY OFFICE OF EE REPRESENTATIVE 2.00 0 0 0 NIKKI JONES 0 2.00 20,912 0 SPECIAL ADVISOR

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** ENVIRONMENTAL EDUCATORS OF NROTH CAROLINA 56-1715308 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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56-1715308 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions EEA Schedule A (Form 990) 2024

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

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EEA

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	53,723	122,354	97,359	142,303	99,664	515,403
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	29,190	46,682	40,715	45,432	38,989	201,008
3	Gross receipts from activities that are not an	23,230	10,002	107712	10,102	30,303	
•	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	82,913	169,036	138,074	187,735	138,653	716,411
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from						
•	line 6.)						716,411
Secti	on B. Total Support						7107111
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	82,913					
10a	Gross income from interest, dividends,	02,913	169,036	138,074	187,735	138,653	716,411
IVa	•						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	1,192	500	769	1,011	1,247	4,719
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,192	500	769	1,011	1,247	4,719
11	Net income from unrelated business						
	activities not included on 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.)	6,374	9,574	6,033	4,475	3,099	29,555
13	Total support. (Add lines 9, 10c, 11,		-	-	-	_	
	and 12.)	90,479	179,110	144,876	193,221	142,999	750,685
14	First 5 years. If the Form 990 is for the or					•	
	organization, check this box and stop her	· ·			•		· · ·
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8			3 column (f))		15	95.43 %
	Public support percentage from 2023 Scho		-			16	
16 Saati	· · · · · ·					10	94.53 %
	on D. Computation of Investment Inc				(f))	47	- 0/
17	Investment income percentage for 2024 (II			-		17	1 %
18	Investment income percentage from 2023					18	1 %
19a	33 1/3% support tests - 2024. If the organ						
	17 is not more than 33 1/3%, check this bo	=	-				
b	33 1/3% support tests - 2023. If the organization						
	line 18 is not more than 33 1/3%, check this box	x and stop here	. The organization	on qualifies as a	publicly supporte	ed organization .	
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	nd see instruct	ions \square

Schedule A (Form 990) 2024

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	7		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	00		
h	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	00		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9с		
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVa		
IJ	Dia tric organization have any excess business notalings in the tax year: [Ose schedule 0, i 0iiii 4/20, to			

determine whether the organization had excess business holdings.)

Part IV

Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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			
	71 11 0 0		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 tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 (see	e inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	ENVIRONMENTAL EDUCATORS OF NROTH CAROLI		56-1/15	308 Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970 <i>(expla</i>	nin in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Section	ns A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

EEA Schedule A (Form 990) 2024

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

(see instructions).

7

EEA Schedule A (Form 990) 2024

Excess distributions carryover to 2025. Add lines 3j

. . . .

and 4c.

Breakdown of line 7: a Excess from 2020

c Excess from 2022 **d** Excess from 2023

b Excess from 2021

e Excess from 2024

EEA Schedule A (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

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

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification	umbor
· ·	CAROLINA	56-1715308	lullibei
ENVIRONMENTAL EDUCATORS OF NROTH		56-1715306	
01. Description of other revenue			
Description	Amount		
CONFERENCE SPONSORSHIPS	2,585		
CONTRACT REVENUE	3,150		
OTHER IN-KIND	80		
OTHER INCOME	995		
02. List of grants and similar a	mounts paid (Part T. line 10)		
Activity	ENVIRONMENTAL EDUCATION		
Grantee	VARIOUS		
Street	150 HIGHLANDS SQ DR PMB 1034		
City, State, Zip	Hendersonville, NC 28792		
Amount	5,576		
Amount	3,370		
_			
03. Description of other expense	s (Part I, line 16)		
Description	Amount		
WEBSITE	390		
LEGAL FEES	102		
MEETING AND EVENT HOSTING COSTS	11,372		
SPEAKER EXPENSES	1,250		
SUPPLIES MATERIALS	3,588		
TELEPHONE AND INTERNET STIPEND	2,320		
TECHNOLOGY EXPENSES	2,579		
PROMOTION AND SPONSORSHIPS	449		
INSURANCE	1,232		
MERCHANT FEES	3,278		
ORGANIZATIONAL MEMBERSHIPS	1,560		
PARTNERSHIP AND REPRESENTATION	693		
SALES TAX	1,003		
BANKING FEES	15		
	500		
SCHOLARSHIPS			
TRAVEL	6,551		
STAFF TRAINING	434		
OTHER	4		
OTHER EXPENSES	(2,416)		
MARKETING	180		
04. Other changes in net assets	or fund balances (Part I, line 20)	
Description	Amount	,	
PRIOR PERIOD ADJUSTMENTS	(2,481)		
05. Description of other assets	(Part II, line 24)		<u> </u>
Category	Beginning of Year	End of Year	
ACCOUNTS RECEIVABLE	37,060	0	
PREPAID EXPENSES	2,518	0	
06. Description of total liabili Category	ties (Part II, line 26) Beginning of Year	End of Year	