

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c)(1), 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.

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

Department of the Treasury
 Internal Revenue Service

OMB No. 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Association of Environmental Health Academic Programs (AEHAP)
 Room/suite: _____
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 66057
 City or town, state or province, country, and ZIP or foreign postal code: Burien, WA 98166

D Employer identification number: 91-1992986

E Telephone number: 206-522-5272

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.aehap.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Educational Support Assoc. by Membership

L Add lines 5b, 6c, and 7b to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 139867.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	966	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,114
2	Program service revenue including government fees and contracts	2	102,449	17	Total expenses. Add lines 10 through 16	17	178,981
3	Membership dues and assessments	3	7,750	16	Other expenses (describe in Schedule O)	16	19,952
4	Investment income	4	14	15	Printing, publications, postage, and shipping	15	2,485
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	11,619
b	Less: cost or other basis and sales expenses	b		13	Professional fees and other payments to independent contractors	13	32,596
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c		12	Salaries, other compensation, and employee benefits	12	96,768
6	Gaming and fundraising events	6		11	Benefits paid to or for members	11	0
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	a		10	Grants and similar amounts paid (list in Schedule O)	10	15,571
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	b		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	139,867
c	Less: direct expenses from gaming and fundraising events	c		8	Other revenue (describe in Schedule O)	8	28,688
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	d		7c		7c	0
7a	Gross sales of inventory, less returns and allowances	7a		7b		7b	0
b	Less: cost of goods sold	b		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	c					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	139,867				
10	Grants and similar amounts paid (list in Schedule O)	10	15,571				
11	Benefits paid to or for members	11	0				
12	Salaries, other compensation, and employee benefits	12	96,768				
13	Professional fees and other payments to independent contractors	13	32,596				
14	Occupancy, rent, utilities, and maintenance	14	11,619				
15	Printing, publications, postage, and shipping	15	2,485				
16	Other expenses (describe in Schedule O)	16	19,952				
17	Total expenses. Add lines 10 through 16	17	178,981				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,114				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	281,072				
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-121,896				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	120,062				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

22	Cash, savings, and investments	93,005	22	54,102
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	184,370	24	68,005
25	Total assets	277,375	25	122,107
26	Total liabilities (describe in Schedule O)	11,523	26	2,045
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	281,072	27	120,062

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **Promotion of Environ. Health Science Post-Secondary Ed.**
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Two website projects started in 2016. The AEHAP site started a full rebuild in fall 2016 with new content better format on a platform manageable by staff - see www.AEHAP.org. Ground up site was started for NEHSFAC.org using a database capable platform. Phase 1 started in fall 2016 - see www.NEHSFAC.org.
 29 Student Research Competition (4) and NSF Student Research Short-Term Project. AEHAP Volunteers review student projects, selected students receive a cash award plus fees and travel to present at the NEHA annual conference. Students present their projects, to peers, academics and professionals in the Enviro Science field. (Grants \$ 15,571) If this amount includes foreign grants, check here

30 Environmental Health Education Promotion and Exhibiting - this included newsletters, exhibiting at 2016 NEHA conference, outreach to EHAC accredited programs for student opportunities and to schools with the potential for having an Enviro. Science accredited program.
 31 Other program services (describe in Schedule O) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) If this amount includes foreign grants, check here

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Leslie Mitchell, Associate Director	30	37,630	2,182	0
From Feb. 2016				
Charles Treser, Interim Executive Director	18	0	0	0
From May 2016				
Yalonda Sinde	32	26,642	1,616	0
E.D. from Jan. 1, 2016 to Apr. 8, 2016				
Lynn Burgess	4	0	0	0
President to 6/30/2016 Past Pres. to 12/31/2016				
Jason Marton	6	0	0	0
Pres. Elect to 6/30/2016 & President to 12/31/2016				
Anne Marie Zimir	3	0	0	0
Member to 6/30/2016 & Pres. Elect to 12/31/2016				
Timothy Murphy	4	0	0	0
Treasurer to 6/30/2016				
Michael Fletcher	2	0	0	0
Treasurer from 6/30/2016				

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.

33	Yes	No	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34	Yes	No	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 change on Schedule O (see instructions).
35a	Yes	No	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b	Yes	No	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
35c	Yes	No	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
36	Yes	No	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
37a	Yes	No	Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b	Yes	No	Did the organization file Form 1120-POL for this year?
38a	Yes	No	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b	19,652		If "Yes," complete Schedule L, Part II and enter the total amount involved.
39a	0		Section 501(c)(7) organizations. Enter:
39b	0		Gross receipts, included on line 9, for public use or club facilities.
40a	0		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b	0		section 4911
40c	0		section 4912
40d	0		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.
40e	0		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
41	0		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
42a	0		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.
42b	0		List the states with which a copy of this return is filed.
42c	0		The organization's books are in care of: AEHAP Office
42d	0		Located at: Mailing = PO Box 66057 - Office = 447 SW 152nd St, Suite 201 Burien, WA
42e	0		At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42f	0		If "Yes," enter the name of the foreign country.
42g	0		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42h	0		At any time during the calendar year, did the organization maintain an office outside the United States?
43	0		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44a	0		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b	0		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44c	0		Did the organization receive any payments for indoor tanning services during the year?
44d	0		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
44e	0		Did the organization have a controlled entity within the meaning of section 512(b)(13)?
44f	0		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Yes No 46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization?

Yes No 49a

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 4 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Leslie D. Mitchell, Associate Executive Director Date 11/15/2017

Paid Preparer Print/Type preparer's name Carla Brown Preparer's signature Date 11/15/2017

Use Only Firm's name Custom Books LLC - Carla Brown Firm's address 13044 Occidental Ave. S. Burien, WA 98168

May the IRS discuss this return with the preparer shown above? See instructions Yes No