# Form **990**

OMB No. 1545-0047

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.

Open to Public Inspection

A	For th	ne 2017 calen	dar year, or ta	x year begi	nning 7/0	)1 ,:	2017, and ending	g 6/	30	,	2018
В	Check if	f applicable:	С							er identif	ication number
	Add	dress change	Verdi Eco	School	L				81-3	31749	74
	Na	me change	1851 High						E Telepho	The second second	
	-	tial return	Melbourñe						321.	-298-	.2501
	$\vdash$	al return/terminated							341	230	2301
	$\vdash$										005 044
	$\vdash$	nended return	E 11		1			TIL S FOURDIC	G Gross re		
	∐ Арі	plication pending	r Name and ad	aress of princip	<sup>агопісет:</sup> Ауа	na Verdi	1	000000000	a group returi		163 25 140
			Same As (					Are all 'No,'	l subordinates ' attach a list:	ıncıuaea (see instr	? Yes No vuctions)
		exempt status	X 501(c)(3)	501(c) (		nsert no.) 4947(a)	)(1) or 527				
<u>, J</u>	Web	osite: ► ve	rdiecosch	ool.org	i e			H(c) Group	exemption nu	mber ►	
K	Form	of organization;	X Corporation	Trust	Association	Other ►	L Year of formation	on: 201	6 <b>M</b> s	tate of le	gal domicile: FL
Pa	art I	Summar	У	( - <del>                                    </del>					77		
	1	Briefly descri	be the organiz	ation's miss	ion or most	significant activities	See Sched	1114 0			
a.						**	_ nee_ neiten	ure_o			
ĕ											
E											
Governance	2	Check this bo	x ► if the	organizatio	on discontinu	ed its operations or	disposed of mo	re than 2	25% of its	net ass	ets.
		Number of vo	ting members	of the gove	rning body (l	Part VI, line 1a)			\$450000 and \$1000	3	2
•ජ ග	4 1	Number of inc	dependent vot	ing member	rs of the gove	erning body (Part V	I, line 1b)	*******		4	0
<u>i</u>	5	Total number	of individuals	employed i	n calendar ye	ear 2017 (Part V, Iir	ne 2a)			5	7
Activities &										6	0
A						umn (C), line 12				7a	0.
	ы	Net unrelated	business taxa	ble income	from Form 9	990-T, line 34			9 9 9 9 9 9 9 9 9	7b	0.
									Prior Year		Current Year
Φ						39.063(0)99(0) (0(6)					901.
Revenue	9 F	Program serv	ice revenue (F	art VIII, lin	e 2g)	0.000000					234,943.
eVe						, and 7d)					=======================================
Œ	1.					c, 9c, 10c, and 11e)					
_						Part VIII, column (					235,844.
						A), lines 1-3)					
	14 E	Benefits paid	to or for mem	bers (Part I	X, column (A	(), line 4)					
	15 3	Salaries, othe	er compensation	n, employe	e benefits (P	art IX, column (A),	lines 5-10)				85,257.
See	16a F	Professional 1	fundraising fee	s (Part IX,	column (A), i	line 11e)					
Expenses			ing expenses						- varia		
翼				•		· · · · · · · · · · · · · · · · · · ·				SX (5)	
						, 11f-24e)				-	146,467.
					-	K, column (A), line :	•				231,724.
-	19 F	Revenue less	expenses. Su	btract line	18 from line	12					4,120.
Net Assets or Fund Balances								Beginni	ng of Curren	t Year	End of Year
alai	20 7								1,3	46.	5,466.
A P	21 7	Total liabilitie:	s (Part X, line	26)	.000000.00	M.W. COUNTY TO SHOOT				0.	0.
ş.	22	Vet assets or	fund balances	. Subtract I	ine 21 from I	ine 20			1,3	46.	5,466.
	rt II	Signature	e Block					-Ni			
Unde	r penaltie	es of perjury, I de	clare that I have ex	amined this ret	urn, including acc	companying schedules and	d statements, and to t	he best of n	ny knowledge	and belie	f. it is true, correct, and
comp	lete. Dec	claration of prepar	er (other than offic	er) is based on	all information o	companying schedules and f which preparer has any l	knowledge.		,		.,
Sic	ın	Signatur	e of officer					Da	ate		
Sig He	re	Avar	na Verdi					Pres	ident		
			print name and title	)				1105.	Luciic		
-		Print/Type pr	reparer's name		Preparer's sign	nature	Date		Check	if F	PTIN
D~:	a		uters, CF	- Δ	Too Com	ters, CPA			-	J"	
Pai					Joe Gru		1		self-employe	u   L	201227700
He	parer e Only				ers CPA'						4000055
U31	e Only	Y Firm's addre			t. South	, Ste. 104					4708061
_				e, FL 3							485-1414
May	the IR	RS discuss thi	s return with t	he preparer	shown abov	e? (see instructions	5)				X Yes No

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part Il	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

	rm 990 (2017) Verdi Eco School 81-317497	4	Pa	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			-
_	Check if Schedule O contains a response or note to any line in this Part V.		con.	
			Yes	No
1	l a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		IN H	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		Χ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	terr.pr	. 8	8
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4	A 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)?	4 a		Х
	<b>b</b> If 'Yes,' enter the name of the foreign country: ▶		STO	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		011	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	118	7 -3	3
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	R T	Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		_
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	HEST		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		- Q	
	organization have excess business holdings at any time during the year?	8		
9	,		731	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	X THE		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		- 6	
	a Gross income from members or shareholders	X, A		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	, i . V	i aë	
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b	,use	85.	14
	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.	TALL.	1	134
	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand	80	SE/	
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

14b

Form 990 (2017)	Verdi	Eco	Schoo]	L
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81-3174974

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

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

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

- 1 a 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.

		(C)								
(A) Name and Title	(B) Average hours per	director/trustee)					1	(D)  Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer :	Key employed	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ayana Verdi President	$-\frac{40}{0}$			v						
(2) John Wordi	40	-	-	Х	-			0.	0.	0.
Vice President	0			х				0.	0.	0.
_(3)								130		
_(4)										
(6)										
<u>(7)</u>										
(8)										
(9)										
(10)		V		İ						
(11)								_		
(12)										
(13)										
(14)										

# Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(P) Revenue excluded from tax under sections 512-514
ints	1 a Federated campaigns 1 a	Vice in Auri			
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b c Fundraising events 1 c				The state of the s
fts,	d Related organizations				
nila	e Government grants (contributions) 1 e				
Sis Si			THE REAL PROPERTY.		
orti Her	f All other contributions, gifts, grants, and similar amounts not included above 1 f 901 .				Co H S
혈호	g Noncash contributions included in lines 1a-1f: \$				The state of the s
Sor	h Total. Add lines 1a-1f	901.			1925 10 3
9	Business Code				
₩.	2a Tuition and fees	225,948.	225,948.		
æ	b Outreach Programs	8,995.	8,995.		
Program Service Revenue	c				
Sel	d				
ram	f All other program service revenue				
<u>S</u>					
<u> </u>		234,943.			
	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				A STATE OF THE STATE OF
	c Rental income or (loss)				E San Laming
	d Net rental income or (loss)	THE STATE OF			
	7 a Gross amount from sales of assets other than inventory		A The State		
	<b>b</b> Less: cost or other basis and sales expenses				ALL REAL PROPERTY.
	c Gain or (loss)				
	d Net gain or (loss). ▶				
une	8 a Gross income from fundraising events (not including, \$				Wester Strain
eke	of contributions reported on line 1c).				
Other Reven	See Part IV, line 18				
ŧ.	<b>b</b> Less: direct expenses <b>b</b>			TV DESCRIPTION	A Line State of
Ò	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b			in a family of the same	
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances		the reservoir		u familie
	b Less: cost of goods sold b				The Child Street
	c Net income or (loss) from sales of inventory.			THE RESERVE OF THE PERSON NAMED IN COLUMN 1	MANUAL PROPERTY.
	Miscellaneous Revenue Business Code	ON THE REAL PROPERTY.	ETHERES.	12 M P 2 18	AND WALLEY OF
	11a				
	b				
	C				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	235,844.	234,943.	0.	0

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		E4400000	
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1,346.	1	5,466.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net.		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from 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 organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			TIE HARRY
		Less: accumulated depreciation		10 c	
	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	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	1,346.	16	5, 466.
-	17	Accounts payable and accrued expenses	1,340.	17	5,400.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	1,346.	27	5,466.
39	28	Temporarily restricted net assets		28	
<u>D</u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			X S Y S (sind
S	30	Capital stock or trust principal, or current funds.		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,346.	33	5,466.
Z	34	Total liabilities and net assets/fund balances	1,346.	34	5,466.
BA	Ā		1,010.	- I	Form <b>990</b> (2017)

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

Department of the Treasury Internal Revenue Service **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name	of the organization					Employer identifica	ation number			
	rdi Eco School					81-317497				
Pai	rt I Reason for Public Cha	arity Status (All o	rganizations must	complete	this part	.) See instruc	tions.			
	organization is not a private found									
1	A church, convention of church				)(A)(i).					
2	X A school described in section		·							
3	A hospital or a cooperative h									
4	A medical research organiza	tion operated in conj	unction with a hospital	described in	section 1	70(b)(1)(A)(iii). E	nter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Co	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 gov	ernment or governme	ental unit described in s	section 170	b)(1)(A)(v)					
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	government	al unit or fro	om the general pul	olic described			
8	A community trust described	in section 170(b)(1)(	(A)(vi). (Complete Part	II.)						
9	An agricultural research organi			-	unction with	a land-grant colle	ege.			
	or university or a non-land-grai	nt college of agriculture	e (see instructions). Ente	r the name,	city, and st	ate of the college of	or 			
10	An organization that normally refrom activities related to its a investment income and unreugune 30, 1975. See section!	exempt functions—sui lated business taxabl	bject to certain exception e income (less section	ons and (2)	no more	han 33-1/3% of i	ts support from aross			
11	An organization organized a	nd operated exclusive	ely to test for public sat	ety. See <b>se</b>	ction 509(a	a)(4).				
12	An organization organized at or more publicly supported of lines 12a through 12d that de	rganizations describe	d in section 509(a)(1)	or section 5	09(a)(2), S	ee section 509(a	ut the purposes of one <b>(3).</b> Check the box in			
а	227 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	on operated, supervise gularly appoint or elect	d, or controlled by its su t a majority of the director	pported orga ors or trustee	nization(s), s of the sur	typically by giving porting organization	the supported on. <b>You must</b>			
b		ation supervised or o	controlled in connection the same persons that of	with its su control or ma	ported org nage the si	ganization(s), by upported organizat	having control or ion(s). <b>You</b>			
С	Type III functionally integrated. organization(s) (see instructi	A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, and f <b>A, D, and E</b>	unctionally i	ntegrated with, its	supported			
d	Type III non-functionally integrated. The constructionally integrated. The constructions). You must com	rated. A supporting orgorganization generally plete Part IV. Section	anization operated in co must satisfy a distribute of A and D. and Part V.	nnection with	its suppor ment and	ted organization(s) an attentiveness	that is not requirement (see			
е	A - H	ation received a writt	en determination from	the IRS tha						
f	Enter the number of supported of						NAME OF THE OWNER O			
g	Provide the following information	n about the supported	d organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization in your gover document	isled supp ning	Amount of monetary ort (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	lo					
				169						
(A)										
(B)										
(C)										
(D)										
(E)										
Total					139					

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.)

Sec	ction A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						,
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 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						<del></del>
	Public support. (Subtract line 7c from line 6.)		ZEE W.	IS ALCOHOLOGY			
Sec	tion B. Total Support				-		
	dar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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.)					80	
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	r fifth tax year as	a section 501(c)(3	) 
	tion C. Computation of Pul		THE REPORT OF THE PARTY OF THE			7 (	
	Public support percentage for 20						96
	Public support percentage from 2				. ***************		%
	tion D. Computation of Inv						
	Investment income percentage for						%
	Investment income percentage fr						%
	<b>33-1/3% support tests—2017.</b> If this not more than 33-1/3%, check	this box and sto	<b>p here.</b> The orgar	nization qualifies a	as a publicly suppo	orted organization	vv ►
	<b>33-1/3% support tests—2016.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization is the organization in the organization in the organization in the organization is the organization in the organization in the organization in the organization is the organization in the organiz	, check this box	and <b>stop here.</b> Th	ne organization qu	alifies as a public	y supported organ	ization ►

Pa	rt IV   Supporting Organizations (continued)						
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes	No				
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below the		NA.				
	governing body of a supported organization?	4					
	b A family member of a person described in (a) above?	-	-				
$\overline{}$	c 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.						
<u>Sec</u>	ction B. Type I Supporting Organizations	Tv	T				
1		Yes	No				
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.		1				
	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,	(FA)	N.S.				
	applied to such powers during the tax year.						
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	B.D.8					
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the						
Sec	supporting organization. 2 ction C. Type II Supporting Organizations						
360	ction c. Type it Supporting Organizations	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	i gi	1 81				
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		7				
Sec	tion D. All Type III Supporting Organizations		-				
	V	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		188				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?						
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).						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant		TE				
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	RE					
_	in this regard.	<u> </u>					
Sec	tion 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 instructions).						
ā	The organization satisfied the Activities Test. Complete line 2 below.						
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.						
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instru	ctions	).				
2	Activities Test. Answer (a) and (b) below.	Yes	No				
ā	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was	138	SCOT L				
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.						
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	4-5/1	di Hai				
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	013	Arti-				
	organization's involvement.						
3	Parent of Supported Organizations. Answer (a) and (b) below.						
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	e i si	100				
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 <b>Part VI</b> the role played by the organization in this regard.  38	EST	SIT NO				

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported 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 organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
	From 2014			
	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	frankligt com		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4,			Mile Bass-Roll
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		LE REPRESENTATION	
8	Breakdown of line 7:			
a	Excess from 2013	A YEAR SOLL		
	Excess from 2014.	(a) 15 mm 4 2 y 5 mm 1 mm		ar if the Lines is
С	Excess from 2015			
d	Excess from 2016.			
е	Excess from 2017.			

BAA

Schedule A (Form 990 or 990-EZ) 2017

#### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Verdi Eco School

Employer identification number 81-3174974

Pa	rtl			
			YES	NO
1	Does the organization have a racially pendiceriminatory policy toward students by statement in its shorter buleurs attend	$\dashv$		
'	The state of the s	1	$_{\rm X}$	
			Λ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		6	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially pendiscriminatory policy through powerpaper or breadcast media during the	_	^	
J	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		8 81	
	the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you	2	,,	
		3	Х	
		-	15	
			J.	
			155	
_				
	Does the organization maintain the following?	11.0	1 11	10.3
•	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	X	
- 1	Records documenting that scholarships and other financial assistance are awarded on a racially			
		4 b	Х	
(	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	4 c	Х	
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	Х	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.		150	
		7.1	15	
			ы	
5	Does the organization discriminate by race in any way with respect to:	23	199	
		5 a		Х
		_		-
Ŀ	Admissions policies?	5 Ь		Х
	E La Carta Maria M			
C	Employment of faculty or administrative staff?	5 c		X
C	Scholarships or other financial assistance?	5 d		Χ
e	Educational policies?	5 e		X
	Harant Carlletin 2			
T	Use of facilities?	5 f		_X_
	Athletic programs 2	_ [		
Ų	Athletic programs?	5 g		_X_
h	Other extracurricular activities?			
		5 h		_X_
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	193	3.4	
		200		
		100	188	
_		-25	198	124
		6 a		X
b		6 b		Х
	If you answered 'Yes' on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections		III	e J
	4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If	20		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Verdi Eco School

Employer identification number 81-3174974

#### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Verdi EcoSchool educates children for an entrepeneurial future through an immersive, hands-on learning environment steeped in nature, sustainability, science and the arts. Our student led philosophy will inspire and empower the next generation of creative leaders and innovative thinkers.

## Form 990, Part III, Line 1 - Organization Mission

The Verdi EcoSchool educates children for an entrepeneurial future through an immersive, hands-on learning environment steeped in nature, sustainability, science and the arts. Our student led philosophy will inspire and empower the next generation of creative leaders and innovative thinkers.

# Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

President and Vice President are married

# Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Officers and directors are required to sign a conflict of interest disclosure statement each year.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request.