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DLN: 93493194004110

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	r the 20	008 cal	endar yea	r, or tax year beginning 07-0	1-2008 and ending 06-30-200	09		•
B Che	eck if app	plicable	Please	C Name of organization Island Institute			D Employer ider	ntification number
┌ Add	lress cha	nge	use IRS				22-278673:	
┌ Nar	ne chang	ge	label or print or	Doing Business As			E Telephone nu	mber
┌ Inıt	ıal return	1	type. See Specific	Number and street (as D.O. has	.6		(207) 594-9	209
_	mınatıon		Instruc- tions.	386 Main Street PO Box 648	if mail is not delivered to street addr	ess) Room/suite	G Gross receipts	s \$ 14,457,921
✓ Am	ended re	eturn		City or town, state or country, a Rockland, ME 04841	and ZIP + 4		1	
☐ App	lication p	pending		ROCKIANU, ME 04841				
		Ī	F Nan	ne and address of Principal (fficer	H(a) Is th	s a group return	for
				Conkling		affilia		┌ Yes ┌ No
				ain Street PO Box 648 nd, ME 04841		H/h) Assaul	l -661;-t ;ld-	
I Ta	x-exemp	t status	▼ 501(c)) (3) ◄ (insert no)	(1) or 527	1 ' '	l affiliates include	d? Yes No See instructions)
J W	eb site:	: ► www	ıslandınst	titute org			ip Exemption Nur	
К Тур	e of orga	inization	▽ Corporat	ion trust association other	er 🏲	L Year of Fo	rmation 1983 M S	State of legal domicile ME
Pa	1 1 E	Sumn		e organization's mission or r	and conficent activities			
Governance	1			_	nds and the waters of the gulf o	of maine		
¥em	2 (Check th	nis box	ıf the organization discontin	ued its operations or disposed	of more than 2	5% of its assets	
	3 1	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)		3 _	21
≥6	4 1	Number	ofındepen	dent voting members of the	governing body (Part VI, line 1	b)	. 4 _	21
ĕ	5 1	Γotal nu	mber of en	nployees (Part V , line 2a) .			5 _	61
Activities &	6 T	Γotal nu	mber of vo	lunteers (estimate if necess	ary)		6 _	0
ă	7a ⊺	Γotal gro	oss unrela	ted business revenue from P	art VIII, line 12, column (C)		7a _	82,266
	Ь №	Net unre	lated busi	ness taxable income from Fo	orm 990-T, line 34		7b	0
						Pric	or Year	Current Year
٥.	8	Contrib	utions and	d grants (Part VIII, line 1h)			3,238,270	3,375,536
Revenue	9	Progran	n service	revenue (Part VIII, line 2g)			169,627	202,453
e leye	10				nes 3, 4, and 7d)		544,526	162,158
_	11		-	art VIII, column (A), lines 5			370,232	159,739
	12	Total re	evenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), lıı	ne	4,322,655	3,899,886
	13		and sımıla	ar amounts paid (Part IX, col	umn (A), lines 1–3)		347,320	247,350
	14	Benefit	s paid to o	r for members (Part IX, colu	mn (A), line 4)			0
	15	Salarie	s, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5-		
Expenses		10)					2,067,725	2,272,788
<u>₹</u>	16a			raising fees (Part IX, columi				0
ठ	b	•		penses, Part IX, column (D), line 2	·			
	17			(Part IX, column (A), lines 1			1,438,874	1,527,813
	18				I Part IX, line 25, column (A))		3,853,919	4,047,951
- m	19	kevenu	e iess exp	penses Subtract line 18 fron	ı iine 12		468,736	-148,065
8		_				Beginn	ing of Year	End of Year
essa Bake	20		•	t X, line 16)			19,381,634	17,290,750
Net Assets or Fund Balances	21		-	Part X, line 26)			375,689	528,224
	22			d balances Subtract line 21	from line 20		19,005,945	16,762,526
Par	t II		ature Blo		ad the same			- hash of the hand
					ed this return, including accompanyin of preparer (other than officer) is bas			
Plea Sign		*****	** ture of office	ar.		2010 Date	-06-30	
Here		,				Date		
			Fuchs Vice or print nam	President - Business Mgt e and title				
		<u>,</u>	<u> </u>		Date	Chack if	Property PTIN (Foo Con Inst \
De! -!		Preparer's signature		as Emery	Date	Check if self-	Preparer's PTIN (bee den Inst)
Paid			<u>'</u>	1 2		empolyed 🕨		_
Prepa Use (Only	ıf self-em		Runyon Kersteen Ouellette			EIN Þ	
J36 (,,,,,	address, a	and ZIP + 4	20 Long Creek Drive			Dhone 1 (22	17\ 772 200¢
				South Portland, ME 04106			Phone no 🕨 (20	<u> </u>
May t	he IRS	discuss	s this retu	rn with the preparer shown a	oove? (See instructions) .			✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	1			
	To be a voice for the balanced future of t	the islands and the waters	of the Gulf of Maine		
2	Did the organization undertake a the prior Form 990 or 990-EZ?		n services during the year w	which were not listed on	res ✓ No
	If "Yes," describe these new serv			, ,	res • 110
_					
3	Did the organization cease condiservices?			ucts any program	Yes ✓ No
	If "Yes," describe these changes			,	
4			6.1		
7	Describe the exempt purpose ac Section 501(c)(3) and (4) organ				
	others, the total expenses, and r				
4a	(Code) (Expe	nses \$ 910,0	35 including grants of \$	133,382) (Revenue \$)
	community initiatives island school co	nferences, grants, fellows	nips, scholarships, affordable hous	ing, and community and economic de	velopment
4b	(Code) (Exper		·	13,915) (Revenue \$	0)
	ecological services and marine science	s aquaculture modeling, f	isheries ecosystem management i	modeling, and field research	
_	/6-1-		MEli.d 1 C.t		2)
4c	(Code) (Exper		,) (Revenue \$	0)
	Crest - Provide the tools for students a questions	and teachers to create plac	e-based learning experiences that	t use technology to answer community	resource stewardship
	(Codo	neas # 4 343.1	122 unalization	100.053.) / P=	157 222 \
	(Code) (Exper	nses \$ 1,217,3	33 including grants of \$	100,053) (Revenue \$	157,232)
<u>//-/</u>	Other program corruges (Desc	rihe in Schodula O \			
4d	Other program services (Desc		c of ¢	\ /Payanus #	1
	(Expenses \$	including grant) (Revenue \$)
4e	Total program service expense:	s \$ 3,283	,788 Must equal Part IX, L	ıne 25, column (B).	

art IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	194			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?			1c	Yes	
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	61			
h	If at least one is reported in 2a, did the organization file all required federal employing					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	y Regarding Prohibited	5c		
6a	Tax Shelter Transaction?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement th			Va		NO
	were not tax deductible?		· · · · · ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi					
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?					
				0-		
_	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person			9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	•		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
_	facilities	100	<u> </u>			
11	Section 501(c)(12) organizations Enter	•				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

Νo

Nο

Νo

10

11

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each	"Yes "	response	to lines	2-7 be	low, ar	nd for	a "No′	response t	o lines 8	3 or 9b belov	ı, describe	the circum	stance:
			~ , ,										

Does the organization have local chapters, branches, or affiliates?

must describe in Schedule O the process, if any, the organization uses to review the Form 990

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	processes, or changes in Schedule O. See instructions.								
а	Enter the number of voting members of the governing body	1a				21			
b	Enter the number of voting members that are independent	1b				21			
	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?					•	2		Νo
	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com						3		Νo
	Did the organization make any significant changes to its organizational documents sinfiled? \cdot .	nce t	he pr	or For	m 990	was	4		Νo
	Did the organization become aware during the year of a material diversion of the organ	nızatı	on's a	assets	?.		5		N N
	Does the organization have members or stockholders?						6	Yes	
а	Does the organization have members, stockholders, or other persons who may elect o governing body?					fthe	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholder	rs, o	r othe	rpers	ons?		7b		No
	Did the organization contemporaneously document the meetings held or written action year by the following	ıs ur	nderta	ıken dı	urıng t	he			
а	the governing body?						8a	Yes	
ь	each committee with authority to act on behalf of the governing body?						8b	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ME
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Aaron Fuchs 386 Main Street PO Box 648 Rockland, ME 04841 (207) 594-9209

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(i ition that a			all			(E)	(F)
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estim amount of compen from organizat rela organiz	of other sation the ion and ced
1b	Total			<u> </u>				<u> </u>	230,78	 	<u> </u> ol	23,841
						_		•		'1	-	,
2	Total number of individuals (includir compensation from the organization	ıg those ın 1							<u>'</u>			
2	Total number of individuals (includin	ıg those ın 1							<u>'</u>		Yes	No
3	Total number of individuals (includir compensation from the organization Did the organization list any former	ig those in 1 ►1 officer, direc	a) who	recei	ved	mor	e thar	n \$1	00,000 in reportab	ole		No
	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedu	ng those in 1 ▶1 officer, direc	a) who	recei ruste	ved	mor	e thar	n \$1	or highest compen	sated employee	Yes 3	
3	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, directle J for such	a) who	ruste	ved e, k	ey e	e thar employ	/ee,	or highest compen	sated employee	3	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who	ruste ual ble c 0,00	e, k	ey e	employ ation es," co	/ee, and	or highest compen	sated employee In from the		No
3	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, directed by the state of the sum of	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens f "Y fror	employ ation es," cc	ee,	or highest compendent of the compensation of t	sated employee In from the uch for services	3	No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens f "Y fror	employ ation es," cc	ee,	or highest compendent of the compensation of t	sated employee In from the uch for services	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	omp 0?	ey e ens f "Y fror	employ ation (es," co	\$1 \$1 and somp.	or highest compendent of the compensation of t	sated employee In from the uch for services	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	omp 0?	ey e ens f "Y fror	employ ation (es," co	\$1 \$1 and somp.	or highest compendent or highest compensation other compensation of the schedule J for selected organization or selected	sated employee In from the uch for services	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	omp 0?	ey e ens f "Y fror	employ ation (es," co	\$1 \$1 and somp.	or highest compendent or highest compensation other compensation of the schedule J for selected organization or selected	sated employee In from the uch for services The than	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	omp 0?	ey e ens f "Y fror	employ ation (es," co	\$1 \$1 and somp.	or highest compendent or highest compensation other compensation of the schedule J for selected organization or selected	sated employee In from the uch for services The than	3 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00 ensa	omp 0?	ey e ens f "Y fror	employ ation (es," co	\$1 \$1 and somp.	or highest compendent or highest compensation other compensation of the schedule J for selected organization or selected	sated employee In from the uch for services The than	3 Yes	No No No

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Exempt Function	Business Revenue	Tax under IRC
					Revenue		512, 513, or 514
	1a	Federated campaigns	la				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	91,425				
亞黃		-	.b				
₽β	С	Fundraising events					
ज्ञा <u>क</u>	_		lc —				
<u> </u>	d	Related organizations 1					
હ્≟	e	Government grants (contributions)	. e 523,743				
<u>,</u> 호 교	f	All other contributions, gifts, grants, and	2,760,368				İ
至至		sımılar amounts not ıncluded above					
重ち	_	Noncash contributions included	L f				
<u> </u>	g	lines 1a-1f \$129,78					
ं ल	h	Total (Add lines 1a-1f)	_	3,375,536			
		Total (Add Illes Id II)	<u> </u>				
			Business Code				
Ę	2a	Publications/Informati	541,800	114,881	32,615	82,266	
ē.	ь	Fellowship & Other Pro	900,099	87,572	87,572		
22			_	07,072	07,072		
93	С		_				
<u>.</u>	d						
æ	e						
Program Serwce Revenue	f	All other program service revent	ıe l				
₹		An other program service revent					
š	g	Total. Add lines 2a-2f					
	Ĺ	► \$ 202,453					
	3	Investment income (including di	vidends, interest				
		other similar amounts)		177,951			177,951
	_	Turning from my street at a fitting of the street	• hand normands				
	4	Income from investment of tax-exempt	bona proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents	(II) I ersonar				
		Less rental					
	ь	expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss).					
	_ u	Net rental income of (1033) :	· · · · · <u>·</u>				
		(ı) Securities	(II) O ther				
	7a	Gross amount 10,358,43	3				
		from sales of assets other					
		than inventory	-				
	Ь	Less cost or 10,374,22 other basis and					
		sales expenses					
	С	Gain or (loss) -15,79	3				
	d	Net gaın or (loss)		-15,793			-15,793
	_		· •				
	8a	Gross income from fundraising					
		events (not including					
ě		\$ of contributions reported on line					
듄		1c) See Part IV, line 18					
Š		Attach Schedule G if total exceeds					
œ		\$15,000	а				
Other Revenue	b	Less direct expenses	b				
₹	С	Net income or (loss) from fundra	ising events . :				
_	9a	Gross income from gaming	<u>*</u> _				
	Ja	activities See part IV, line 19					
		Complete Schedule G If total					
		exceeds \$15,000					
			а				
	ь	Less direct expenses	b				
	с	Net income or (loss) from gamin	g activities				
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	١.		340,991				
	b	3	b 183,809		<u></u>		
	С	Net income or (loss) from sales		157,182	157,182		
		Miscellaneous Revenue	Business Code				
	11a	Mıscellaneous	900,099	2,557	2,557		
	ь						
			_				
	C		_				
	d	All other revenue	_				
	e	Total. Add lines 11a-11d					
			\$ 2,557				
	12	Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d, 7d,	3,899,886	279,926	82,266	162,158
		8c,					
	1	9c, 10c, and 11e		ı	i	ı	ı .

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re		plete columns		
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	115,500	115,500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	131,850	131,850		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	293,281	64,332	107,855	121,094
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,651,411	1,580,150		4,309
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,507	43,328	179	
9	Other employee benefits	208,023	180,990	17,503	9,530
10	Payroll taxes	76,566	64,471	7,160	4,935
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,877		7,877	
c	Accounting	18,250		18,250	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	88,456		88,456	
g	Other	317,115	283,523	33,592	
12	Advertising and promotion				
13	Office expenses	232,306	162,541	18,166	51,599
14	Information technology	27,784	13,283	14,501	
15	Royalties				
16	Occupancy	94,155	20,092	74,037	26
17	Travel	112,966	103,898	329	8,739
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	53,148	51,528	444	1,176
20	Interest	772		772	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,359	73,932	14,256	5,171
23	Insurance	23,469		23,469	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Other expenses	181,227	129,308	41,030	10,889
ь	Publications	78,340	71,126		7,214
c	Surveys	56,340	56,340		
d	Summer institute	54,671	54,671		
e	Research & Development	39,109	39,109		
f	All other expenses	48,469	43,816	-4,082	8,735
25	Total functional expenses. Add lines 1 through 24f	4,047,951	3,283,788	530,746	233,417
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2000)

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			72,676	1		438,578
	2	Savings and temporary cash investments			3,248,822	2		879,098
	3	Pledges and grants receivable, net			2,130,455	3		1,184,252
	4	Accounts receivable, net			237,230	4		101,527
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		es or		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net			673,750	7		542,338
	8	Inventories for sale or use			228,137	8		274,892
\$	9	Prepaid expenses and deferred charges			47,873	9		26,964
Assets	10a	Land, buildings, and equipment cost basis	10a	2,328,844				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,118,330	1,257,372	10c		1,210,514
	11	Investments—publicly traded securities			9,733,105	11	1	1,154,824
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII of			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part See Part IV$, line 11 $\it Complete Part See Part Se$	nrt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			1,752,214	15		1,477,763
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,381,634	16	1	7,290,750
	17	Accounts payable and accrued expenses .			346,286	17		500,084
	18	Grants payable				18		
	19	Deferred revenue			3,565	19		6,943
	20	Tax-exempt bond liabilities				20		
<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
- 2		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				24		
	25	Other liabilities Complete Part X of Schedule D			25,838	25		21,197
	26	Total liabilities. Add lines 17 through 25			375,689	26		528,224
s e o		Organizations that follow SFAS 117, check here ► ✓ and complet hrough 29, and lines 33 and 34.	ete lines 27					
Balance	27	Unrestricted net assets			10,200,035	27		8,322,813
<u> </u>	28	Temporarily restricted net assets			734,992	28		458,286
됟	29	Permanently restricted net assets			8,070,918	29		7,981,427
or Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	d complete					
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		
Š	33	Total net assets or fund balances			19,005,945	33	1	6,762,526
_	34	Total liabilities and net assets/fund balances			19,381,634	34	1	7,290,750
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493194004110

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

isiana .	Institut	ie						22	-278673:	1				
Par	tΙ	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio							
				ation because it is (Please	•				21100.000	.01.07				
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).					
2	Γ	A school d	escribed in Sec l	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)								
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)			
4	Γ	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the			
		hospital's i	name, city, and	state										
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın			
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)										
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).					
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:		
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)									
8	Γ	A commun	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)							
9	Γ	An organiz	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gro	ss		
		receipts fro	m activities re	vities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses			
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)												
10		An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)												
11	Γ	_	=	and operated exclusively fo					•	•				
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check		
		_	ype I b			•	nally Integ	-	'' d	Гтуре	III - Oth	ner		
e	Γ	By checkin	g this box, I ce	rtify that the organization is			-		one or mor	e disquali	fied pers	ons		
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	1509(a)(1) or		
_		section 50		d	IDC		- T I	T II -						
f		check this		d a written determination fro	om the IRS	S that it is	a Type I,	Type II o	r Type III	Supportin	ig organiz			
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!			•		
		following pe			_									
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes	No		
			· -	ng body of the the supported	_	tion				11g				
			•	erson described in (i) above						11g(
				ty of a person described in (11g(III)			
h		Provide the	tollowing infor	mation about the organizatio	ns the org	janization	supports							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) Am	ount of		
		orted	(11) LIN	(described on lines 1-9		ation in		inization		ation in	supp			
(nızatıon		above or IRC section	col (i)		ın col (i	i) of your	col (i) o	rganızed		зарроге		
				(See Instructions))		verning	supp	ort?	ın the	US?				
						ment?	V		V	N-	1			
					Yes	No	Yes	No	Yes	No				
							-	-			-			
											1			
											 			
							1		1		1			

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 OF Part 1.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,557,007	4,091,533	4,553,540	3,238,270		3,375,536	21,815,886
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	6,557,007	4,091,533	4,553,540	3,238,270		3,375,536	21,815,886
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							2,113,212
6	(f) Public Support subtract line 5 from line							
Ü	4							19,702,674
T	otal Support	•		•				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	6,557,007	106,722	4,553,540	3,238,270		3,375,536	21,815,886
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	45,386	106,722	320,035	544,526		177,951	1,194,620
-	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 IV)							
11	Total Support (Add lines 7 through 10)							23,010,506
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		2,556,949
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	led by line 11 co	lumn (f))		14		85.620 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		84.640 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on				
17a	box and stop here. The organization qualification for the stand continuous tensors and continuous tensors, and if the organization meets the "facts and circumstation .	If the organizations to the community of	on did not check cances" test, che	a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organizations to the community of	on did not check cances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or i I stop here. Exp	17a ar Iain in	nd line 15 Part IV ho	s 10% or w
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 22-2786731

Name: Island Institute

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add	•									
		Posit t	(C lon (d hat a	chec		I			(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
john bird , chairman	1 00	X		Х				0	0	0
louis w cabot , vice chair	1 00	Х		Х				0	0	0
George t shaw , treasurer	1 00	Х		Х				0	0	0
mıchael p boyd , clerk	1 00	Х		Х				0	0	0
Nancy Jordan , secretary	1 00	Х		Х				0	0	0
david thomas , Islander Vice-Chair	1 00	Х						0	0	0
Thomas K Glenn , Development Chair	1 00	Х						0	0	0
barbara kınney sweet , Programs Chaır	1 00	Х						0	0	0
donna damon , trustee	1 00	Х						0	0	0
polly guth , trustee	1 00	Х						0	0	0
nancy hopkins-davisson , trustee	1 00	Х						0	0	0
leila bisharat , trustee	1 00	Х						0	0	0
douglas boynton , trustee	1 00	Х						0	0	0
nancy b putnam , trustee	1 00	Х						0	0	0
George W Cole , trustee	1 00	Х						0	0	0
samuel parkman shaw , trustee	1 00	X						0	0	0
mathew r sımmons , trustee	1 00	X						0	0	0
Joseph R Higdon , trustee	1 00	X						0	0	0
Ron L Philips , Trustee	1 00	Х						0	0	0
Yvonne Thomas , Trustee	1 00	X						0	0	0
Philip Conkling , president	40 00			Х				145,131	0	13,450
Peter M Ralston , executive Vp	40 00			Х				85,656	0	10,391

DLN: 93493194004110

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Island Institute 22-2786731

Par	Organizations Maintaining Donor An organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 95	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(.,	(-,
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adv	Lears in writing that the assets held in don	or advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	ГYes ГNo
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?	nefit of the donor or donor advisor or other	☐ Yes ☐ No
Par	Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	ion or pleasure) Preservation of an	historically importantly land area
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	
			Held at the End of the Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easement	rs	2b
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserve	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	g the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	·
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	ch in furtherance of public service,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		F \$
b	Assets included in Form 990 Part Y		▶ ¢

Part	Organizations Maintaining Co	HECTIONS OF AFT,	ПІЗІ		cai iicasc	,	or ommu	733C	. 5 (CC	ntinuea)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	e foll	owing that ar	e a significant i	use of its col	lection		
а	Public exhibition		d	Γ	Loan or exc	hange program	5			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how	they	y further the o	organization's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	ΓY	es	┌ No
Par	Part IV, line 9, or reported an an					anızatıon ansv	vered "Yes	' to For	-m 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	ıary	for c	ontributions (or other assets	not	┌	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table					Т	_	_	
								A moun	ıt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		21?					┌ ¥	es	No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	(a)Current Year		were Prior		Form 990, Pa wo Years Back (d			Four Ve	are Back
1a	Beginning of year balance	12,581,124	(D)	PHOL	real (C)	wo rears back (u	Jilliee Teals D	ack (e)i	oui it	ais back
b	Contributions	1,278,390								
c	Investment earnings or losses	-1,646,978								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	309,969								
f	Administrative expenses									
g	End of year balance	11,902,567								
2	Provide the estimated percentage of the yea	r end balance held as								
а	Board designated or quasi-endowment	62 000 %								
ь	Permanent endowment > 38 000 %									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion t	hat a	are held and a	administered fo	r the			
	organization by						-		Yes	No
	(i) unrelated organizations			•			-	3a(i)		No
_	(ii) related organizations						[3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•					[3b		
4						art V. lino 10				
Dar		. anu Luulvillen	L. 30	-C I	01111 330, F	art λ , line 10.	ı			
Par	t vi investments—Land, buildings	-, <u></u>			C+	(h)Caat au athau				
Par	Description of investment			(a)	Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreca	ation	(d) Bo	ok value
				(a)				ation	(d) Bo	
1 a L	Description of investment			(a)		basis (other)	`	4,759		85,919
1 a L	Description of investment			(a)		basis (other) 85,919	`			85,919
b B	Description of investment	· · · · · · · · · · · · · · · · · · ·		(a)		basis (other) 85,919	43			85,919 1,044,593
1a L b B c L d B	Description of investment and			(a)		basis (other) 85,919 1,479,352	43	4,759		85,919 1,044,593 80,003

Part VIII Investments—Other Securities.	see Form 990, Part X, line 12.		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products		Cost of the of	year market value
Closely-held equity interests			
Other	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of-	year market value
Table (Calvara (b) about a supl Farm 000, Bat V and (D) to a 42	, 10		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990, Part X			
·	scription		(b) Book value
Assets held for sale	semption		
			305,609
Beneficial interest in perpetual trust			1,172,154
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ine 15.)		1,477,763
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Annuity obligations	21,197		
·····			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 21,197		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,899,886
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,047,951
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-148,065
4	Net unrealized gains (losses) on investments	4	-1,725,924
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-369,430
9	Total adjustments (net) Add lines 4 - 8	9	-2,095,354
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,243,419
	EXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	1,906,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-1,911,545
3	Subtract line 2e from line 1	3	3,817,680
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 82,206		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	82,206
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,899,886
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	4,149,554
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	183,809
3	Subtract line 2e from line 1	3	3,965,745
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 82,206		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	82,206
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,047,951

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The purpose of the endowment funds is to provide investment income and gains to further various activities of the institute, including a provision for financial aid and related expenditures

DLN: 93493194004110

Open to Public

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Island Institute

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

Inspection Employer identification number

22-2786731

Part I General Inform	nation on Gran	ts and Assistance				•	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grant	ts or assistance?					√ Yes
Part II Grants and Oth Form 990, Part I Part IV and Scho	IV, line 21 for any edule I-1 if additi	y recipient that receivenal space is	ved more than \$5,00	00. Check this box i	res. Complete if the of fino one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Islesford Neighborhood House AssociationPO Box 111 Islesford, ME 04646	01-0379683	501 (C) (3)	10,000				Sustainability of Maine's year-round Islands and remote coastal communities
Community Housing of Maine Inc309 Cumberland Ave Suite 203 Portland, ME 04101	01-0490195	501 (C)(3)	15,000				Sustainability of Maine's year-round Islands and remote coastal communities
Town of Isle Au HautPO Box 49 Isle Au Haut, ME 04645	01-6000213		20,000				Sustainability of Maine's year-round Islands and remote coastal communities
Davis Wharf23 Crane RD Mt Desert, ME 04660	65-1263678		10,000				Sustainability of Maine's year-round Islands and remote coastal communities
Port Clyde Fishermen's Co- OpPO Box 381 Port Clyde, ME 04855	01-0319321	501 (C) (3)	55,000				Sustainability of Maine's year-round Islands and remote coastal communities
2 Enter total number of seconganizations						1	4
3 Enter total number of other For Paperwork Reduction Act Noti				Cat No 50055F	· · · · · · · ·		<u> </u>
							-

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes	s" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	93	131,850			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant funds are monitored through continued relationships with all of the grant recipients

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DLN: 93493194004110

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Isia	nd Institute	22-2786731			
Рa	rt I Questions Regarding Compensation				
	Questions Regulating compensation	<u>''</u>		Yes	Νο
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant				
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control p	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of				
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o	•	7		No
8	Were any amounts reported in Form 990, Part VII, p	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits		(B)(ı)-(D)	990 or Form 990-EZ
	(I) (II)	145,131			8,727	4,723	158,581	72,565
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization Island Institute Employer identification number

22-2786731

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Archipelago shop Provide a venue for island and coastal artists living in remote communities to offer artwork and crafts evoking the coastal Maine heritage Expenses \$ 197681 including grants of \$ 0 Revenue \$ 157232

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	other programs Expenses \$ 599996 including grants of \$ 100000 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Information Island journal, monthly new spaper, technical bulletins, educational an historical publications, and geographic information systems. Expenses \$ 419656 including grants of \$ 53. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Island Institute has members, how ever they have no voting or management privileges

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		This year the Finance Committee reviewed the form 990 after its submission because of a series of scheduling conflicts. The Board intends to adhere to its policy of prior review in the future

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		A subcommittee of the board is responsible for all trustee matters. This includes a review of the President's performance. They meet with the President and go over their formal evaluation. The entire board in executive session reviews the outcome of that meeting and vote on the President's compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		These documents are available upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c Audit Oversight		The process has not changed

ldentifier	Return Reference	Explanation
Form 990, Page 1, Amended Tax Return		The return is being amended to report two adjustments to our audited financial statements. The first was the capitalization of \$50,000 of costs previously reflected in research and development costs. The second was the redetermination of investment activities between endowment and non-endowment investments. Capitalization of Research and Development Costs - Part IX, functional expenses, were updated to reflect the \$50,000 expense reduction and the resulting minor reclassification of depreciation expense between the functional categories. Program expenses reported by program accomplishment (Part III) were updated to reflect the changes. Also, Part VIII, line 10b was updated to reflect the \$50 change in allocated depreciation. The balance sheet (Part X) was amended to reflect the additional \$50,000 in other assets and the corresponding change in unrestricted net assets. Redetermination of Investment Activity - Schedule D, Part V, Endowment funds was updated to reflect the corrected amounts. Total revenue, expenses and net assets were not impacted. Other Corrections - Part VI, Section A - Question 6 regarding members was changed to yes and the applicable Schedule O disclosure was added. Part VI, Section A - Question 10 regarding the review of the 990 was changed to no and the Schedule O disclosure was updated. Part VIII, Statment of Revenues - The loss from the sale of publicly traded securites was moved from the exempt function column to the excluded from tax column.