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Form **990**

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

			yea	C Name of organization	ng 01-01-2009	and ending 12-31-200	09	D Employer	ident	ification number
_		· · · · · · · · · · · · · · · · · · ·		EARTH ISLAND INSTITU	JTE INC			94-2889	684	
_		label o		Doing Business As						ber
_		type.		Number and street (or	D.O. how if moul is	not doluvorod to otroot oddr	ross) Doom /su	(510) 85	9-91	13
_		Instru	ıc-	2150 Allston Way	ı O DÜX II IIIdil İS	not delivered to street door	C35) KUUIII/SUI	G Gross rece	ipts \$ 1	11,372,580
– Am	ended r	return			country, and ZIP +	4		a) Is this a group return for affiliates? Yes (b) Are all affiliates included? Yes If "No," attach a list (see instruction of the biological and cultural diversity that the conservation, preservation, and rest ore than 25% of its net assets		
– App	olication	pending		Berkeley, CA 94704						
		F	Naı	me and address of prii	ncipal officer		H(a) Is	this a group re	turn fo	or
							aff	liates?		⊤Yes ▼ No
							H(b) Are	all affiliates inc	luded	?
Ta	y-eyem	unt status 🔽 5	:01/c	s) (2) = (uncort no)	4947(2)(1) or 1					
	Check if application process channels and return Terminated Amended return Application process and return Terminated Amended return Application process and return Terminated Amended return Application process and return Terminated Amended return Terminated Terminate				+5+7(a)(1) 01)	327	H(c) G	oup exemption	numi	ber F
							<u> </u>		1	
			pora	ation Trust Associatio	on Other ►		L Year of	formation 1982	M S	tate of legal domicile CA
ГG			e th	ne organization's miss	ıon or most sıg	nıfıcant actıvıtıes				
	1			· ·				-		· ·
ę		of the Earth	nvir	ronment Inrough eau	cation and acti	vism, these projects pr	omote the co	onservation, pr	eserv	ation, and restoration
5										
5	_									
			,	_						
О									_	
			-	_	_		.D)	•	_	
3							H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If "No," attach a list (see instruction for affiliates." L Year of formation 1982 M State of legical and cultural diversity for the conservation, preservation, and the conservation, preservation, and the conservation for the conservation, preservation, and the conservation for the con			
	See a large comment of the property of the pr									
										-15,050
	 					.,	Р	rior Year	T	•
	8	Contributions	an	nd grants (Part VIII. li	ne 1 h)				1	9,838,761
9										1,154,588
9 -		-		•				1,904		
ä						· · · · · · · · · · · · · · · · · · ·	+	193,020		
	12	Total revenue	e — a	add lines 8 through 11	(must equal P	art VIII, column (A), lıı	ne			
								· · · · · · · · · · · · · · · · · · ·	+	11,188,273
								2,160,12	8	1,408,665
		-		•		•	<u></u>		+	
8	12		ei C	ompensation, employe	ee bellelits (Fa	it ix, column (A), mes	5-	3,454,29	2	3,613,807
₩ 33	16a	Professional	fund	draising fees (Part IX,	column (A), lır	ne 11e)		10,27	9	24,145
සි	ь	Total fundraising	g exp	penses (Part IX, column (D), line 25) ► <u>807,0</u>	005				
	17	Other expens	ses	(Part IX, column (A),	lınes 11a–11d	, 11f-24f)		5,259,89	7	4,649,892
	18	Total expens	es	Add lines 13-17 (mu	st equal Part I	X, column (A), line 25)		10,884,59	5	9,696,509
	19	Revenue less	ex	penses Subtract line	18 from line 12	2		375,31	5	1,491,764
5 0 0							Beginn			End of Year
3.00	20	Total assets	(Pa	rt X. line 16)					_	8,736,601
30									_	2,237,612
	22		-	•					+-	6,498,989
Pai	rt II	Signature	BI	lock					_	
		_			e examined this re	eturn, including accompanyin	g schedules an	d statements, and	to the	best of my knowledge
		and belief, it is t	rue,	correct, and complete De	claration of prepar	er (other than officer) is bas	ed on all inform	nation of which pre	eparer	has any knowledge
Terminated Amended return Application per Tax-exempt : Website: Form of organi Part I 1 1 1 5 6 7a 7a 7a 10 11 12 11 13 6 14 15 16 17 18 17 18 17 18 19 Responsed to the period of the per	*****					20	10-08-05			
_			offic	er						
		JOHN KNOX	Co-F	Executive Dtr						
		Preparer's L				Date		Preparer's id	entıfyır	ng number
Paid			ARL	Т НО			self-	(see instruct		
	arer's	Firm's name (or	your	rs Le Ho & Company II	Р		2poi/cu -			
•		ıf self-employed	,),					_ EIN ▶		
		auuress, and ZIP	+ 4					Phone no	(650) 758-1222
									-	
1av t	the TRS	S discuss this	retu	irn with the preparer's	hown above? (see instructions)			- 1	Yes [No

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
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Earth Island's	s Mission	ıs to develop	and suppor	t projects th	at counterac	t threats to th	e biological	and cultu	ral diversity	that sustains	the
environment	Through e	ducation and	factivism, t	hese project	s promote th	e conservatio	n. preserva	tion, and r	estoration o	f the Farth	

2	Did the organization unde the prior Form 990 or 99			e year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	new services on Sched	lule O		
3	Did the organization ceas		e significant changes in ho	wit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedule (0		
4		_		three largest program services	hy avnances
-	Section 501(c)(3) and 50) 1 (c)(4) organizations		usts are required to report the a	
4a	(Code) (Expenses \$	7,775,620 including grants o	f \$ 1,408,665) (Revenue s	1,154,588)
	EARTH ISLAND PROMOTES THE THE ADMINISTRATION OF EAR	HE CONSERVATION, PRESE	RVATION, AND RESTORATION OF	THE EARTH THROUGH VARIOUS PROGE	
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
	-				
	-				
4d	Other program services	(Describe in Schedu	le O)		
	(Expenses \$	ıncludır	ng grants of \$) (Revenue \$)
4e	Total program service ex	xpenses +\$	7,775,620		

art TV	Check	clist of	Required	Schedules

	one on the quite of the quite o			
			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		No
4	Is the organization required to complete Schedule B, Schedule of Contributors? 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 ID Section 501(c)(3) organizations. Did the organizations and provided Schedule C, Part ID Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part ID Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part ID Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part ID Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the experiment, instoric land areas or historic structures? If "Yes," complete Schedule D, Part ID Section 501(c) organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part ID Section 501(c) organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part ID Section 501(c) organization from a mount 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 ID Section 501(c) organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part ID Schedule 501(c) organization report an amount for investments—other sec		Yes	
5	in the organization required to complete Schedule B, Schedule of Contributors? If the organization required to complete Schedule B, Schedule of Contributors? If the organization engage in direct or indirect political campaign activities on behalf of or in opposition to anotidates for public office? If "Yes," complete Schedule C, Part II anoticino SDI(c)(a) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III anoticino SDI(c)(a) organizations. Did the organization aubject to the section 6033(e) bitice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III and the organization maintain any donor advised funds or any similar funds or accounts where donors have the part to provide advise on the distribution or investment of amounts in such finds or accounts? If "Yes," complete Schedule D, Part III and the organization receive or hold a conservation easement, including easements to preserve open space, to environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part III and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," implete Schedule D, Part III and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," implete Schedule D, Part III and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," implete Schedule D, Part III and the organization organization propert an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, organization organization did the organization services? If "Yes," complete Schedule D, Part III and the organization is an amount for land buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part III. Did the organization is aparted in Part X, line 16? If "Yes," complete Schedule D, Part IX, line 16? If "Yes," complete Schedule D, Part IX, line 16? If "Yes," comp			No
6	right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>	6		No
7		7		Νo
8		8		No
9	provide credit counseling, d <u>eb</u> t management, credit repair, or debt negotiation services? <i>If</i> " <i>Yes,"</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete			
	♦ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of			
	♦ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school 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 United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on	17	Yes	
18	complete Schedule A S Is the organization required to complete Schedule B, Schedule of Contributors? D Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part II 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 "res," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or 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 III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "res," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization in the collection of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part III Did the organization is answer to any of the following questions: "Yes?"? If so, complete Schedule D, Part VII. Did the organization is answer to any of the following questions: "Yes?"? If so, complete Schedule D, Part VII. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—bler securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—bler securities in Part X, line 10? If "Yes," complete Schedule D, Part		Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a 2 If	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
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	Yes	
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	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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			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			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 140 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
6a	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	6	_	NI -
9	Sponsoring organizations maintaining donor advised funds.	8		Νο
	Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Berkeley, CA 94704 (510) 859-9113

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a L	Enter the number of voting members of the governing body 1a 10 Enter the number of voting members that are independent 1b 10			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N o
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		NO
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
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		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ₩VV , WI , WA , VA , UT , TN , SC , RI , P			
	NY, NJ, MS, MO, MN, ME, MD, MA, GA, FL, DC, CT, CO, CA, AL, AK		ı, ND,	<u> </u>
18	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 of windows website. Another's 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 EARTH ISLAND INSTITUTE INC 2150 Allston Way Ste 460	e orga	nızatıor	n ▶

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Will Green Director	1 00	х						О	0	0
ROBERT WILKINSON PRES EMERITUS	1 00	х						0	0	0
MICHAEL HATHAWAY Vice President	1 00	х		Х				О	0	0
MARTHA DAVIS President	1 00	х		Х				0	0	0
KENNETH BROWER Vice President	1 00	х		Х				0	0	0
Josh Floum Director	1 00	х						0	0	0
JOHN KNOX Executive Dtr	40 00			Х				72,660	0	12,054
John de Graaf Director	1 00	Х						0	0	0
JENNIFER SYNDER Secretary	1 00	Х		х				0	0	0
DAVID PHILLIPS Executive Dtr	40 00			Х				83,798	0	11,545
Barbara Brower Director	1 00	Х						0	0	0
ALEX GIEDT TREASURER	1 00	Х		Х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours		(C tion (hat a	che		II 		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estima amount o	ated fother
		per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compens from t organizati relat organiza	the ion and ed
1b Tot	tal	<u> </u>			<u> </u>	<u> </u>	•	-	156,458			23,599
	otal number of individuals (includ 100,000 in reportable compensa						d abov	e) wh	no received more tha	an		
											Yes	No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Form 99		,						Page 9
Part V	<u>/+++</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$2	1a	Federated camp	paigns 1a	16,630				
죮	ь	Membership du	es 1b	598,712				
عرق	c	Fundraising eve	ents 1 c					
ž =	d	Related organiz	ations 1d					
S E	e	Government grants	s (contributions) 1e	598,738				
한 is	f	All other contribution	ons, gifts, grants, and 1f	8,624,681			i	
e de de	g	sımılar amounts no Noncash contri	ot included above butions included in					
Contributions, gifts, grants and other similar amounts			899					
ဝွန	h	Total. Add lines	3 1a-1f	▶	9,838,761			
				Business Code				
enu	2a	Other programs		900,099	291,240	291,240		
Re S	ь	INT'L MARINE MAM	IMAL PROJ	811,000	388,330	388,330		
Program Serwce Revenue	c	GLOBAL SERVICE C	CORP	561,520	297,825	297,825		
ē. Z	d	Eco Village	_	230,000	91,235	91,235		
ج د	e	Admin fee for Wetl	and Fd	561,000	60,458	60,458		
Grag	f	All other progra	ım service revenue		25,500	25,500		
Š	g	Total. Add lines	s 2a – 2f		1,154,588			
	3				1,10 1,000			
		Investment income (including dividends, interest and other similar amounts)			20,742			20,742
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties		•	34,754	34,754		
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
		(i) Securities		(II) O ther				
	7a	Gross amount from sales of assets other	131,826					
	ь	than inventory Less cost or	150,664					
		other basis and sales expenses						
	c	Gain or (loss)	-18,838					
	d		s)		-18,838			-18,838
Other Revenue	8a	Gross income fi events (not incl \$	luding ,809 reported on line 1c)					
E.			а					
ф	Ь		penses b	30,373				
0	С		loss) from fundraising (events 🛌	122,436			122,436
	9a	Gross income fi See Part IV , lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming activ	/ities▶	0			
	10a	Gross sales of returns and allo	wances .					
	b c		a oods sold b	3,270	-2,443	-2,443		
	۲	Miscellaneous	•	Business Code	_,	-,		
	11a	JOURNAL SAL	 E	511,120	28,921	28,921		
	ь	ADVERTISING	_	541,800	9,352		9,352	
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		38,273			
	12	Total revenue.	See Instructions	▶	11,188,273	1,215,820	9,352	124,340

	990 (2009)				Page 10
Par	Statement of Functional Expenses	t			
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	1,302,155	1,302,155		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	106,510	106,510		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	156,459	20,950	100,027	35,482
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	o			
7	Other salaries and wages	2,878,460	2,237,348	428,716	212,396
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	305,447	227,694	52,936	24,817
10	Payroll taxes	273,441	203,836	47,389	22,216
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	17,572		17,572	
c	Accounting	85,308		85,308	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	24,145			24,145
f	Investment management fees	0			
g	Other	1,174,189	936,465	112,921	124,803
12	Advertising and promotion	222,044	146,921		75,123
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	365,343	266,307	67,426	31,610
17	Travel	822,238	773,963	32,867	15,408
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	601,644	598,427	2,190	1,027
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	56,487	42,108	9,790	4,589
23	Insurance	50,828	37,889	8,809	4,130
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	Supplies	153,194	114,198	26,549	12,447
b	Printing and Publications	192,654	152,084	27,621	12,949
c	Postage and Shipping	172,815	57,445	9,270	106,100
d	MISC	269,647	177,275	41,213	51,159
е	Equipment rental and maintenan	146,738	109,386	25,430	11,922
f	All other expenses	319,191	264,659	17,850	36,682
25	Total functional expenses. Add lines 1 through 24f	9,696,509	7,775,620	1,113,884	807,005
26	Joint costs. Check here ► ☐ If following 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)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			530,732	1	823,344
	2	Savings and temporary cash investments			1,481,295	2	2,343,621
	3	Pledges and grants receivable, net			2,855,942	3	1,269,027
	4	Accounts receivable, net			472,760	4	130,746
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	, key	employees, and			
		Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o					
		Schedule L		6	0		
Assets	7	Notes and loans receivable, net				7	0
8	8	Inventories for sale or use			2,918	8	2,358
۲	9	Prepaid expenses and deferred charges			202,104	9	77,363
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,604,691			
	ь	Less accumulated depreciation	10b	151,990	1,437,036	10c	1,452,701
	11	Investments—publicly traded securities	335,928	11	797,740		
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			1,679,465	15	1,839,701
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,998,180	16	8,736,601		
	17	Accounts payable and accrued expenses .	951,198	17	283,974		
	18	Grants payable	1,245,867	18			
	19	Deferred revenue	12,429	19	12,429		
	20	Tax-exempt bond liabilities		20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lie		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	27,500	23	2,500		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D			1,839,072	25	1,938,709
	26	Total liabilities. Add lines 17 through 25		4,076,066	26	2,237,612	
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			3,875,524	27	5,708,535
Bal	28	Temporarily restricted net assets		1,046,590	28	790,454	
и	29	Permanently restricted net assets		29			
Fur		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
<u>~</u>		lines 30 through 34.					
	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 fu	nds			32	
Net	33	Total net assets or fund balances			4,922,114	33	6,498,989
_	34	Total liabilities and net assets/fund balances	8,998,180	34	8,736,601		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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. See separate instructions.

Inspection **Employer identification number**

		ne organi: ID INSTITU							Employer id	entification n	umber	
									94-288968			
	rt I			olic Charity Stat		-				tructions		
	rganı			e foundation because)			
1	<u> </u>			on of churches, or as				(1)(A)(i).				
2	<u> </u>		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	<u> </u>											
4	ı		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Г	=	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	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın sectio	n 170(b)(1)	(A)(v).			
7	্	describ	ed ın	t normally receives a A)(vi) (Complete Pa		al part of its	support from a	a governmen	tal unit or fro	m the genera	l public	
8	\sqcap	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Con	nplete Part II)				
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more th	an 331/3%	of its support f	rom contribu	itions, memb	ership fees, a	nd gro	ss
		receipt	s from actıvı	ties related to its ex	empt function	ons—subjec	t to certaın ex	ceptions, an	d (2) no more	e than 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10		Anorga	anızatıon org	anızed and operated	exclusively	to test for p	oublic safety S	See section 5	09(a)(4).			
11	ļ	one or the box	more publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions descr orting organ	ibed in secti ization and d	ion 509(a)(1)	or section 50 11e through	09(a)(2) Se	e section 509((a)(3).	Check
e f	Γ	other th section If the o	nan foundatio 509(a)(2)	x, I certify that the con managers and oth	er than one	or more pub	licly supporte	d organizatio	ns describe	d in section 5	09(a)(1) or
g		Since A	ugust 17, 2	006, has the organiz	ation accep	ted any gift	or contributio	n from any o	f the			ŕ
			g persons?						٠١ س ام ما س			
				ectly or indirectly co	•		•	ersons aesc	ribea in (II)	11~(:)	Yes	No
				joverning body of the			ation?			11g(i)	-	
			•	r of a person describ			houg?			11g(ii)		<u> </u>
h				ed entity of a person g information about t						11g(iii)		
(i) Name suppo organiz		ne of (ii) (described on orted EIN lines 1- 9 above or IRC section document? organization organization col (i) of support		tify the ion in your	(vi) Is the organization in col (i) organized in the US?		A m	vii) ount of oport?				
				(see instructions))	Yes	No	Yes	No	Yes	No		
										1		
			1	Ī	1	1	I		1	1	1	

Total

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 yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
S	ection A. Public Support							
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	9	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,826,047	7 5,278,588	8,214,278	9,442,621	9	,808,213	36,569,747
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	3,826,047	5,278,588	8,214,278	9,442,621	9	,808,213	36,569,747
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							3,561,704
6	(f) Public Support. Subtract line 5							33,008,043
	from line 4							
	ection B. Total Support endar year (or fiscal year		43.222		(1) 2222			
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	3,826,047	102,044	8,214,278	9,442,621	9,	,808,213	36,569,747
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	215,608	102,044	108,424	70,456		55,496	552,028
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	17,401	18,196	19,599	15,726		28,921	99,843
11	Total support (Add lines 7 through 10)							37,221,618
12	Gross receipts from related activiti	es, etc (See inst	ructions)	•		12		5,481,238
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			thırd, fourth, or fı	fth tax year as a !	501(c)(3) organız	ation,
14	Public Support Percentage for 200			11 column (f))		14		88 680 %
15	Public Support Percentage for 200	•	•	V//		15		89 540 %
	33 1/3% support test—2009. If the	•	•	on line 13. and l	ine 14 is 33 1/3%		, check t'	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization mean organization	alifies as a public organization did n qualifies as a pi — 2009. If the org tion meets the "f	ly supported orgai not check the box ublicly supported o anization did not c acts and circumst	nization on line 13 or 16 organization heck a box on lin ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st	33 1/3% and line	or more, o : 14 Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions	nization meets the tion meets the "f	e "facts and cırcuı acts and cırcumst	mstances" test, o ances" test The	heck this box and organization qual	d stop he Ifies as a	e re. a publicly	,

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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 from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493217009160

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
◆ Section 527 organizations Complete Part I-A only
If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Se Ifth Se Na	ction 501(c)(3) organizations that	: have filed Form 5768 (election und : have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 zations Complete Part III	n under section 501	(h)) Complete Part II-B Dominion 990-EZ, line 35a (regarder)	o not complete Part II-A arding proxy tax), then entification number
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 52	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect po	lıtıcal campaıgn ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 495!	5	\$
2	Enter the amount of any excise	n 4955 ►	\$		
3	If the organization incurred a s		┌ Yes		
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par		ganization is exempt unde	er section 501(c) except section 5	01(c)(3).
1	Enter the amount directly expe	nded by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file F	Form 1120-POL for this year?			т —
5	State the names, addresses ar were made For each organizati contributions received that wei	nd employer identification number ion listed, enter the amount paid f re promptly and directly delivered ittee (PAC) If additional space is	rom the filing organ to a separate polit	ızatıon's funds Also ente ıcal organızatıon, such as	ons to which payments r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). Check if the filing organization belongs to an affiliated group if the filing organization checked box A and "limited control" provisions apply B Check (a) Filing (b) Affiliated Limits on Lobbying Expenditures Organization's Group (The term "expenditures" means amounts paid or incurred.) Totals Totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 28.206 **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 5,099 c Total lobbying expenditures (add lines 1a and 1b) 33,305 d Other exempt purpose expenditures 9,638,802 e Total exempt purpose expenditures (add lines 1c and 1d) 9,672,107 f Lobbying nontaxable amount Enter the amount from the following table in both 633,605 columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Grassroots nontaxable amount (enter 25% of line 1f)						
	4	Graceroote	nontavahle	amount (ente	ar 25% of	line 1f

Over \$1,500,000 but not over \$17,000,000

Over \$17,000,000

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

\$1,000,000

┌ Yes ┌ No

158,401

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount	454,205	548,997	694,325	633,605	2,331,132		
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,496,698		
c	Total lobbying expenditures	44,272	72,235	48,661	33,305	198,473		
_d	Grassroots non-taxable amount	113,551	137,249	173,581	158,401	582,782		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					874,173		
f	Grassroots lobbying expenditures	26,641	68,070		28,206	124,818		

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(a)		(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\ <u>\</u>		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493217009160

Cat No 52283D Schedule D (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** EARTH ISLAND INSTITUTE INC 94-2889684

Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.						
	organización answered res to rorm s	(a) Donor advised funds	(b) Funds and ot	her 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	L	or advi	ead			
	funds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes ☐ No		
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes ┌ No		
Par	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	<u>1 990, Part IV</u>	, lıne 7.		
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure)	certified	d historic struct			
	casement on the last day of the tax year			Held at the	End of the Year		
а	Total number of conservation easements		2a	ricia at the	Lind of the real		
b	Total acreage restricted by conservation easement	s ·	2b				
	Number of conservation easements on a certified hi		2c				
_	Number of conservation easements included in (c) a	` '	2d				
	Number of conservation easements modified, transfithe taxable year -	erred, released, extinguished, or terminate	ed by th	e organization o	luring		
4	Number of states where property subject to conserv	ation easement is located 🛌					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes ┌ No		
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents di	uring the year 🕨			
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s durıng	g the year ► \$ _			
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes		
	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Part	Organizations Maintaining Collection Complete if the organization answered		or Otl	her Similar <i>I</i>	\ssets.		
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch ın fu				
_	If the organization elected, as permitted under SFA thistorical 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, his following amounts required to be reported under SFA		or finan				
а	Revenues included in Form 990, Part VIII, line 1			► \$			
Ь	Assets included in Form 990, Part Y						

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

<u>'ar</u>	Title Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	<u>easur</u>	es, or O	the	<u>r Similai</u>	· Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	at are	a significa	ant u	se of its co	llection	า	
а	Public exhibition		d	Γ	Loan or	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ı	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ further	the or	ganızatıon	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
aı	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an an											
a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermo	ediary	for c	ontributi	ons or	other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-	_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e -	Distributions during the year						<u> </u>	1e				
f	Ending balance						L	1f				
a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Г	Yes	Г No
	If "Yes," explain the arrangement in Part XIV											
'a	rt V Endowment Funds. Complete										\ F\	Dl-
1	Beginning of year balance	(a)Current Year	(D)	Prior \	rear	(c) IWO	Years Back	(a)	Three Years E	заск (е)Four Ye	ars Back
a b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %	i										
c	Term endowment ► %											
а	Are there endowment funds not in the posses	ssion of the organiz	ation t	that a	re held a	and ad	mınıstere	d for	the			
	organization by									- (:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organization							٠.		3b		
	Describe in Part XIV the intended uses of th							·				
аī	rt VI Investments—Land, Buildings					0, Par	t X, line	10.				
	Description of investment			(a)	Cost or o	ther	(b) Cost or o basis (othe	ther	(c) Accumu depreciat		(d) Boo	ok value
a	Land						628,	,628				628,628
b	Buildings						51,	,951		7,216		44,735
c	Leasehold improvements						697,	,011		11,894		685,117
d	Equipment						79,	,108		42,290		36,818
e	Other						147,	,993		90,590		57,403

1,452,701

Part VII Investments—Other Securities. See	Form 990, Part X, line 13		1.6.1.1
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
Financial derivatives			•
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se		13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
(-,,	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Pools volue
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.		(b) Book value 1,839,701
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption		1,839,701
Part IX Other Assets. See Form 990, Part X, II (a) Descri WETLAND RESTORATION TRUST FUND Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption	, , , , , , 	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption 15.) X, line 25.		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	15.) (b) A mount		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008	, , , , , , 	1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	15.) (b) A mount		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008	, , , , , , 	1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008	, , , , , , -	1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008	, , , , b	1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes DEPOSITS	15.) K, line 25. (b) A mount 99,008		1,839,701

		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,188,273
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,696,509
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,491,764
4	Net unrealized gains (losses) on investments	4	85,111
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	85,111
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,576,875
Part			
1	Total revenue, gains, and other support per audited financial statements	1	11,297,096
2	A mounts 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) 2d		
e	Add lines 2a through 2d	2e	108,823
3	Subtract line 2e from line 1	3	11,188,273
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,188,273
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	9,720,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	23,712
3	Subtract line 2e from line 1	3	9,696,509
4	Amounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,696,509
Dow	XIV Supplemental Information		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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DLN: 93493217009160

OMB No 1545-0047

2009

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization EARTH ISLAND INSTITUTE INC **Employer identification number**

94-2889684

Part I	General Information on	Activities Outside the United States.	Complete if the organization answere
	"Yes" to Form 990, Part IV	line 14b.	

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the

ırd			
iiu			
┌ Ye	ès	<u>~</u>	No
J	Ye	Yes	「 Yes ▽

United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	1	Program Services - Global Service Corps	see supplemental information	56,475
South Asia	0	0	Program Services - International Marine Mammal Project	see supplemental information	3,100
South Asia	0	0	Grant making		7,000
South America	0		Program Services - International Marine Mammal Project	see supplemental information	1,310
Russia and the newly independent states	0	0	Grant Making		17,250
North America	0	0	Program Services - International Marine Mammal Project	see supplemental information	19,806
North America	0	0	Grant making		79,459
Europe	0	0	Program Services - International Marine Mammal Project	see supplemental information	52,246
East Asian & the Pacific	0	0	Program Services - Global Service Corps	see supplemental information	10,069
East Asia & the Pacific	0	0	Program Services - International Marine Mammal Project		61,220
East Asia & the Pacific	0	0	Grant making		2,800
Central America and the Carribean	0	0	Program Services - International Marine Mammal Project	see supplemental information	26,320
Totals	0	1			337,055

Part IV, I	ine 15, for an		nizations or Entiti eived more than \$5, space is needed.					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	General support	5,000	wire transfer			
		Russia & Newly Independent States	General Support	,	wire transfer			
		Russia & Newly Independent States	General Support	5,000	Check			
		North America	General Support	46,816	Check			
		North America	General Support	42,693	Check			
			sted above that are i					
3 Enter total nur	mber of other	organizations or er	itities				. ▶	5

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.					
Identifier	ReturnReference	Explanation			
Additional Supplemental Information		Part I #2 While some of our granting internationally involves			
Additional Supplemental Information		formal application procedures, formal award procedures, and/or formal reporting from recipient organizations regarding the results associated with the grant, not all does. Sometimes, Earth Island Institute makes general support grants to established foreign organizations whose activities we consider to be equivalent to the public benefit functioning of domestic 501(c)(3)			
		organizations Part I #3 Global Service Corps provides opportunities for adult volunteer participants to live and work on environmental and social justice projects in Africa and Thailand International Marine Mammal Project (IMMP) works to make oceans safe for marine mammals worldwide They strive to eliminate dolphin mortality caused by the international tuna fishing industry, to end the use of drift nets, and to stop tuna			
		purse-seine fishers from encircling dolphins in their nets IMMP also aims to stop the resumption of commercial whaling worldwide, to promote sustainable fishing, and to protect the habitat of whales, dolphins, and other marine species			
		The state of the s			

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As Filed Data -

DLN: 93493217009160

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

ame of the organization ARTH ISLAND INSTITUTE I	NC				Employer ide	entification number
ARTH ISLAND INSTITUTE I	INC				94-2889684	4
	ctivities. Comple ers are not require				to Form 990, Part IV	V, line 17.
1 Indicate whether the orga	anızatıon raısed fund:	s through a	ny of the	following activities Cl	neck all that apply	
a Mail solicitations			е	Solicitation of no	n-government grants	
b 🔽 Internet and e-mail s	olicitations		f	Solicitation of go	vernment grants	
c Phone solicitations			g	Special fundraisi	ng events	
d In-person solicitation	ns					
Did the organization have or key employees listed if "Yes," list the ten higher to be compensated at lea	n Form 990, Part VI est paid individuals c	I) or entity or entities (ın conne fundraıse	ction with professional ers) pursuant to agreen	fundraising activities? nents under which the fu	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
						+
						+
otal			•	132,500	22,950	109,550
						•
3 List all states in which t	the organization is re	gistered or	rlicensed	l to solicit funds or has	been notified it is exem	npt from registration or

WI, WA, WV, VA, SC, OR, PA, OH, NY, NJ, NH, MN, MO, MA, MD, MA, LA, KS, KY, IL, GA, CT, FL, CA, AR, AK, AZ, AL

licensing

			(a) Event #1 BROWER YOUTH	(b) Event #2 Bay Area Wilderness	(c) O ther Events	(Add col	tal Ever (a) thr l (c))	
			AWARDS (event type)	Training event (event type)	(total number)		(0)	
<u>ф</u>					19,780		1 5 7	2 9 0 0
Revenue	1 2	Gross receipts Less Charitable	97,215	35,814	19,780		152	2,809
ą	_	contributions						
	3	Gross income (line 1 minus line 2)	97,215	35,814	19,780		152	2,809
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages	11,556	8,042	10,775		30	37.
E D E	8	Entertainment						
Δ	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🕨		30	373
	11	Net income summary Combine li	nes 3, column d, and line	10			122	2,43
Pai	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Par	rt IV, line 19, or repo	rted mor	e than	Ì
Φ		<u> </u>	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Tot	al gam	ıng
Revenue				bingo/progressive bingo		(Add col	(a) thr I (c))	rougl
_	1	Gross revenue						
	2	Cash prizes						
ŏ.								
xpenses	3	Non-cash prizes						
Δ		Non-cash prizes						
	4	·						
Δ	4 5	Rent/facility costs						
Δ	4 5	Rent/facility costs Other direct expenses	Г Yes%_ Г No	Г Yes <u>%</u> Г No				
Δ	4 5 6	Rent/facility costs Other direct expenses	□ No					
Δ	4 5 6	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	No S 2 through 5 in column (□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
Δ	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No S 2 through 5 in column (□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			Yes	No
<u>න</u> පමුවල	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com	No s 2 through 5 in column (bine lines 1, column d, ar	No d)	No No ▶		Yes	No
ති සමාධ 9 a	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com ter the state(s) in which the organization licensed to operate	No s 2 through 5 in column (bine lines 1, column d, ar	No d)	No No ▶	· 9a	Yes	No
<u>න</u> පමුවල	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com	No s 2 through 5 in column (bine lines 1, column d, ar	No d)	No No ▶	. 9a	Yes	No
ති සම්බ 9 a b	4 5 6 7 8 Ent Is:	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com ter the state(s) in which the organization licensed to operate 'No," Explain	No s 2 through 5 in column (bine lines 1, column d, ar ation operates gaming act gaming activities in each	No d)	No N	· 9a	Yes	No
ති සම්බ 9 a b	4 5 6 7 8 Ent Is:	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com ter the state(s) in which the organization licensed to operate 'No," Explain	No s 2 through 5 in column (bine lines 1, column d, ar ation operates gaming act gaming activities in each	No d)	No N	· 9a	Yes	No
ති සම්බ 9 a b	4 5 6 7 8 Ent Is:	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com ter the state(s) in which the organization licensed to operate 'No," Explain	No s 2 through 5 in column (bine lines 1, column d, ar ation operates gaming act gaming activities in each	No d)	No N		Yes	No
ති ජිව්ධිට 9 a b	4 5 6 7 8 Ent Is:	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Com ter the state(s) in which the organization licensed to operate 'No," Explain	No s 2 through 5 in column (bine lines 1, column d, ar ation operates gaming act gaming activities in each	No d)	No N		Yes	No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

See Additional Data Table

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493217009160

Inspection

Employer identification number Name of the organization EARTH ISLAND INSTITUTE INC 94-2889684 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash (book, FMV, or government ıf applıcable assistance appraisal, other)

Enter total number of section 501(c)(3) and government organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

26

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	' to 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

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

Ident if ier	Return Reference	Explanation
A dditional Supplemental Information		While some of our granting involves formal application procedures, formal award procedures, and/or formal reporting from recipient organizations regarding the results associated with the grant, not all does Earth Island institute does make general support grants to established 501(c)(3) agencies Earth island projects are responsible for tracking the grants that they award

Software ID: 09000047

Software Version: 2009v1.3

EIN: 94-2889684

Name: EARTH ISLAND INSTITUTE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tides CenterPresidio Bldng 1014 San Francisco, CA 94129	94-3213100	501(c)(3)	56,687	0	Check		General Support
Sustain US7605 12th Ave New York, NY 11228	02-0710054	501(c)(3)	22,211	0	Check		General Support
Stanford University371 Serra Mall Gilbert Building Stanford,CA 94305	94-1156365	501(c)(3)	12,280	0	Check		General Support
Southern Alliance for Clean Ener117 S Gay St Knoxville,TN 37901	58-1620669	501(c)(3)	89,420	0	Check		General Support
Sierra Club Foundation85 Second Street 750 San Francisco, CA 94105	94-6069890	501(c)(3)	17,387	0	Check		General Support
San Elijo Lagoon ConservancyPO Box 230634 Encinitas,CA 92023	33-0358660	501(c)(3)	5,476	0	Check		General Support
Res Publica Inc25 Washington St 4th flr New York, NY 11201	13-4286728	501(c)(3)	75,000	0	Check		General Support
Rainforest Action Network 221 Pine Street San Francisco, CA 94104	94-3045180	501(c)(3)	38,227	0	Check		General Support
Ojai Valley Land Conservancy405 Corto Street Ojai, CA 93023	95-8071011	501(c)(3)	9,118	0	Check		General Support
Natural Capital Institute3 Gate 5 Road Ste A Sausalito, CA 94965	38-3705448	501(c)(3)	21,000	0	Check		General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
National Wildlife Federation 11100 Wildlife Center DriveReston, VA 20190	53-0204616	501(c)(3)	198,382	0) Check		General Support			
Los Cerritos Wetlands Stewardshi6289 E Pacific Coast HWY SLP39F Long Beach, CA 90803	95-4804390	501(c)(3)	7,518	0) Check		General Support			
League of Young Voters Educatio45 Main Street Suite 628 Brooklyn, NY 11201	76-0744153	501(c)(3)	32,790	0) Check		General Support			
Land Trust for Santa Barbara CouPO Box 91830 Santa Barbara, CA 93190	95-3797404	501(c)(3)	13,078	0) Check		General Support			
Indigenous Environmental NetworkPO Box 485 Bemidji, MN 56619	38-3653476	501(c)(3)	81,412	0	Check		General Support			
Growing SolutionsPO Box 30081 Santa Barbara, CA 93130	77-0535486	501(c)(3)	15,511	0	Check		General Support			
Global Exchange2017 Mission St 303 San Francisco, CA 94110	94-3066686	501(c)(3)	35,234	0	Check		General Support			
Focus the Nation240 N Broadway Suite 212 Portland, OR 97227	93-1271487	501(c)(3)	125,000	0	Check		General Support			
Earth Day Network91 Marion Street Seattle, WA 98104	13-3798288	501(c)(3)	10,994	0) Check		General Support			
Community Foundation for Nationa1201 15th St NW 420 Washington, DC 20005	23-7343119	501(c)(3)	33,750	0) Check		General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Clean Air Cool Planet100 Market Street Portsmouth, NH 03801	04-3492988	501(c)(3)	9,771	0	Check		General Support		
Christians for Environmental StePO Box 877 La Center, WA 98629	91-1725181	501(c)(3)	74,475	0	Check		General Support		
Chesapeake Climate Action NetworPO Box 11138 Takoma Park, MD 20912	11-3644283	501(c)(3)	69,447	0	Check		General Support		
Centro Por La Justica226 Wickes Street San Antonio, TX 78210	74-2720710	501(c)(3)	28,412	0	Check		General Support		
Center for American Progress 1333 H Street 10th floor Washington, DC 20005	30-0126510	501(c)(3)	30,000	0	Check		General Support		
Action Center1434 Elbridge Street Philadelphia, PA 19149	30-0246999	501(c)(3)	134,956	0	Check		General Support		
A Single Drop1430 W 280th St New Prague, MN 56071	33-1187136	501(c)(3)	6,100	0	Check		General Support		

DLN: 93493217009160

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

David Brower Center

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	the organization					E	mployer ide	ent if icat i	on numbe	èr
						9	4-288968	4		
Part I	Excess Benefit Tra	nsactions (s	ection 501(c)(3)	and section 501	(c)(4)	organ	ızatıons oı	nly).		
	Complete if the organiza	tion answered "	Yes" on Form 990,	Part IV , line 25a o	or 25b, o	r Form	990-EZ, P	art V , line		
1	(a) Name of disc	qualified person		(b) Desc	ription o	ftrans	action		(c) C	orrected
				(-,					Yes	No
	er the amount of tax impos	sed on the organ	nization managers o	r disqualified pers	ons durir	ng the	year under	+		
	tion 4958							> ——		
3 Ente	er the amount of tax, If any	y, on line ∠, abov	ve, reimbursed by t	ne organization .				>		
Part II	Loans to and/or	From Intere	sted Persons.							
	Complete if the organ	ızatıon answered	d "Yes" on Form 99	0, Part IV, line 26	, or Form	1990-	EZ, Part V,	lıne 38a		
		(b) Loan to			(-) T	_	(f)		/ 3 \	
(a) Name	e of interested person and	or from the	(c)O riginal	(d)Balance due	(e) I i defaul		Approve by board		(g)Writt agreeme	
	purpose	organization?	principal amount	(u) Dalalice due	uciuui	•	committe		agreeme	110
		To From			Yes	No	Yes	No	Yes	No
Total .	<u> </u>		🟲 \$							
Part III						_				
	Complete if the orga					<i>/</i>				
(;	a) Name of interested per	son (t	Relationship betw and the o	reen interested pei rganization	rson	(c) A r	nount of gra	ant or typ	e of assis	tance
			and the o	rganization						
Part IV	Business Transac	tions Involv	ing Interested	Dersons						
Pait IV	Complete if the organization				/. line 2	8a. 28	3b. or 28c			
	21p.220 ii alo 01gi		Relationship		, 2	,	, 2. 200	<u></u>	(e) S	haring of
, ,	M. M	hotu	veen interested	(c) A mount of	, .	N D			organ	nization's
(a)	Name of interested perso	n n	rson and the	transaction	(d	pesc	rıptıon of tı	ansactio	n rev	enues?
		c	organization						Yes	No

Supporting Org

151,157 Rental, office & conference

Νo

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As Filed Data -

DLN: 93493217009160

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization EARTH ISLAND INSTITUTE INC

Employer identification number

94-2889684

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing docs, policies and financial statements are available upon request at our administrative office
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	We require our Board and executive directors to update their declarations relative to conflict of interest annually or when their status changes, whichever comes first. If a conflict becomes evident in the operations of the organization, our procedures provide for the Board president to act to assure that any potential conflict is recognized and minimized where possible
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the draft tax return is e-mailed to members of the Board for review before filing
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Barbara and Kent Brow er are board members and sister and brother

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DLN: 93493217009160

SCHEDULE R (Form 990)

Name of the organization

EARTH ISLAND INSTITUTE INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number

94-2889684

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

David Brower Center

Berkeley CA, CA 94704

2150 Allston Way Suite 460

Office rental to other NPOs

CA

501(c)(3)

11b N/A

94-3385643

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

				.90 -
Ρā	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	n Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b) Tanan tanan		(c)	

Transaction type(a-r) Name of other organization Amount involved (1) David Brower Center 151,157

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 94-2889684

Name: EARTH ISLAND INSTITUTE INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
O ther programs	900,099	291,240	291,240		
INT'L MARINE MAMMAL PROJ	811,000	388,330	388,330		
GLOBAL SERVICE CORP	561,520	297,825	297,825		
Eco Village	230,000	91,235	91,235		
Admın fee for Wetland Fd	561,000	60,458	60,458		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	153,194	114,198	26,549	12,447
Printing and Publications	192,654	152,084	27,621	12,949
Postage and Shipping	172,815	57,445	9,270	106,100
MISC	269,647	177,275	41,213	51,159
Equipment rental and maintenan	146,738	109,386	25,430	11,922