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short year Return - June 30, 2016

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2015** 2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning January 1, 2015 and ending June 30, 2016

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

**C** Name of organization HONOR the EARTH  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
607 MAIN AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code  
CALLAWAY, MN, USA 56521-0063

**D** Employer identification number  
45-4714238

**E** Telephone number  
218-375-3200

**F** Name and address of principal officer:  
WINONA LADUKE - same as 'c' above

**G** Gross receipts \$ 425,526

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.honorearth.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 2012 **M** State of legal domicile: MN

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>HONOR the EARTH'S MISSION IS TO CREATE AWARENESS AND SUPPORT FOR NATIVE-AMERICAN ENVIRONMENTAL ISSUES AND TO DEVELOP NEEDED FINANCIAL AND POLITICAL RESOURCES FOR THE SURVIVAL OF NATIVE COMMUNITIES.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>10</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>10</u>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<u>4</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) <u>2016</u>	<b>6</b>	<u>120</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<u>543,036</u>	<u>362,934</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>48,920</u>	<u>61,401</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 9)	<u>0</u>	<u>0</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9cc, and 11e)	<u>500</u>	<u>1,191</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>592,456</u>	<u>425,526</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>11,700</u>	<u>14,250</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>211,525</u>	<u>137,267</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>335,530</u>	<u>205,861</u>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>558,755</u>	<u>357,378</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>33,701</u>	<u>68,148</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<u>129,736</u>	<u>186,684</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>40,731</u>	<u>29,530</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>89,005</u>	<u>157,154</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Winona Laduke Date: 10/10/16  
 Type or print name and title: WINONA LADUKE - EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No N/A

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

SCANNED NOV 15 2016

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HONOR the EARTH'S mission is to create awareness and support for native environmental issues and to develop needed financial and political resources for the survival of sustainable native communities. HONOR the EARTH develops these resources by using music, the arts, the media, and indigenous wisdom to ask people to recognize our joint dependency on the earth and to be a voice for those not heard.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 611710) (Expenses \$ 250,165 including grants of \$ 63,892) (Revenue \$ 170,337)

ENVIRONMENTAL Advocacy FOR the PRESERVATION OF Wild Rice and watersheds in Northern Minnesota

4b (Code: 611710) (Expenses \$ 53,607 including grants of \$ 62,597) (Revenue \$ 104,297)

Renewable Energy Assessments and sustainable food system development for Native Communities

4c (Code: 611710) (Expenses \$ 53,606 including grants of \$ 130,000) (Revenue \$ 130,000)

SUPPORT FOR GRASS ROOTS Native Organizations working to preserve culture

4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 20,892)

4e Total program service expenses 357,378

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 19 numbered questions regarding organizational requirements and schedules A through G. Includes handwritten 'X' marks in the Yes/No columns.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 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 . . . . .		X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
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? . . . . .		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
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 . . . . .		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
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 . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
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 . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

HONOR the EARTH EIN# 45-4714238  
 Short year Return - 6/30/16

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	- 0 -
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	- 0 -
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	—
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	3b	—
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	X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	—
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 as charitable contributions? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	—
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	—
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	—
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	—
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	—
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	—
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	—
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	—
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	—
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	—
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	—
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	—
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	—
c	Enter the amount of reserves on hand . . . . .	13c	—
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	—

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 10		
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . . . . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .		X
<b>b</b> Other officers or key employees of the organization . . . . .		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► MINNESOTA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
DORYL FRDZIER 607 MAIN AVENUE CALLAWAY, MN 56521 218-375-3200

218-375-3200

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

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

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

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WINONA LaDUKE Executive Director	40			X				1/01 - 6/30/16 48,331	-0-	1/01 - 6/30/16 4,610
(2) SHANNON MARTIN Board co-chair	-0-	X						-0-	-0-	-0-
(3) PAUL DeMAIN Board co-chair	-0-	X						-0-	-0-	-0-
(4) KIMBERLY SMITH Board member	-0-	X						-0-	-0-	-0-
(5) JENNIFER KREISBERG Board member	-0-	X						-0-	-0-	-0-
(6) CYNTHIA PEREZ Board member	-0-	X						-0-	-0-	-0-
(7) ROBERT GAUGH Board member	-0-	X						-0-	-0-	-0-
(8) HOPE MEDFORD Board member	-0-	X						-0-	-0-	-0-
(9) ZAMY RAY Board member	-0-	X						-0-	-0-	-0-
(10) EMILY SALIERS Board member	-0-	X						-0-	-0-	-0-
(11) NAHKO BEAR Board member	-0-	X						-0-	-0-	-0-
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC) 1/01 - 6/30/16	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations 1/01 - 6/30/16
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Daryl L. Frazier Controller	40				X		25,896	-0-	-0-	
(16) Pamela Mahling Special Projects and Development Associate	40				X		12,558	-0-	-0-	
(17) Charlotte Lee Administrative Assistant	40						19,591	-0-	-0-	
(18)	-0-						-0-	-0-	-0-	
(19)	-0-						-0-	-0-	-0-	
(20)	-0-						-0-	-0-	-0-	
(21)	-0-						-0-	-0-	-0-	
(22)	-0-						-0-	-0-	-0-	
(23)	-0-						-0-	-0-	-0-	
(24)	-0-						-0-	-0-	-0-	
(25)	-0-						-0-	-0-	-0-	
<b>1b Sub-total</b>							106,376	-0-	4,610	
<b>c Total from continuation sheets to Part VII, Section A</b>							-0-	-0-	-0-	
<b>d Total (add lines 1b and 1c)</b>							106,376	-0-	4,610	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	<del>0</del>									

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
- NONE -	- NONE -	- 0 -
-	-	- 0 -
-	-	- 0 -
-	-	- 0 -
-	-	- 0 -

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

~~0~~

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	425,526			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		425,526			
Program Service Revenue	2a	ENVIRONMENTAL ADVOCACY	611710	170,337	-0-	-0-	
	b	RENEWABLE ENERGY/FOOD SYSTEMS	611710	104,297	-0-	-0-	
	c	SUPPORT FOR NATIVE ORGANIZATIONS	611710	130,000	-0-	-0-	
	d			-0-	-0-	-0-	
	e			-0-	-0-	-0-	
	f	All other program service revenue .		-0-	-0-	-0-	
	g	<b>Total.</b> Add lines 2a-2f . . . . .		404,634			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		-0-	-0-	-0-
4		Income from investment of tax-exempt bond proceeds		-0-	-0-	-0-	
5		Royalties . . . . .		-0-	-0-	-0-	
6a		Gross rents . . . . .	(i) Real	-0-	-0-	-0-	-0-
			(ii) Personal	-0-	-0-	-0-	-0-
b		Less: rental expenses . . . . .		-0-	-0-	-0-	
c		Rental income or (loss) . . . . .		-0-	-0-	-0-	
d		Net rental income or (loss) . . . . .		-0-	-0-	-0-	
7a		Gross amount from sales of assets other than inventory	(i) Securities	-0-	-0-	-0-	-0-
			(ii) Other	-0-	-0-	-0-	-0-
b		Less: cost or other basis and sales expenses . . . . .		-0-	-0-	-0-	
c		Gain or (loss) . . . . .		-0-	-0-	-0-	
d		Net gain or (loss) . . . . .		-0-	-0-	-0-	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	-0-			
b		Less: direct expenses . . . . .	b	-0-			
c	Net income or (loss) from fundraising events . . . . .		-0-	-0-	-0-		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a	-0-				
		b	-0-				
c	Net income or (loss) from gaming activities . . . . .		-0-	-0-	-0-		
10a	Gross sales of inventory, less returns and allowances . . . . .	a	15,404				
		b	-				
c	Net income or (loss) from sales of inventory . . . . .		15,404	-0-	-0-		
Miscellaneous Revenue			Business Code				
11a	RURAL MINNESOTA CEP		4,298	-0-	-0-	-0-	
b	CLOSING WINNAP CAMPAIGN ACT		1,190	-0-	-0-	-0-	
c				-0-	-0-	-0-	
d	All other revenue . . . . .			-0-	-0-	-0-	
e	<b>Total.</b> Add lines 11a-11d . . . . .		5,488				
12	<b>Total revenue.</b> See instructions. . . . .		425,526	-0-	-0-	-0-	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	14,000	14,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	- 0 -	- 0 -		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	- 0 -	- 0 -		
4 Benefits paid to or for members . . . . .	- 0 -	- 0 -		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	86,785	- 0 -	74,227	12,558
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
7 Other salaries and wages . . . . .	124,652	124,652	- 0 -	- 0 -
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	568	- 0 -	568	- 0 -
9 Other employee benefits . . . . .	19,103	- 0 -	19,103	- 0 -
10 Payroll taxes . . . . .	8,038	1,499	5,579	960
11 Fees for services (non-employees):				
a Management . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
b Legal . . . . .	12,500	12,500	- 0 -	- 0 -
c Accounting . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
d Lobbying . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
e Professional fundraising services. See Part IV, line 17	- 0 -			- 0 -
f Investment management fees . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
12 Advertising and promotion . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
13 Office expenses . . . . .	23,088	23,088	- 0 -	- 0 -
14 Information technology . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
15 Royalties . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
16 Occupancy . . . . .	6,000	3,000	3,000	- 0 -
17 Travel . . . . .	30,029	3,848	26,181	- 0 -
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	- 0 -	- 0 -	- 0 -	- 0 -
19 Conferences, conventions, and meetings . . . . .	430	- 0 -	430	- 0 -
20 Interest . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
21 Payments to affiliates . . . . .	- 0 -	- 0 -	- 0 -	- 0 -
22 Depreciation, depletion, and amortization . . . . .	709	709	- 0 -	- 0 -
23 Insurance . . . . .	1,810	1,810	- 0 -	- 0 -
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Professional Fees	9,424	9,424	- 0 -	- 0 -
b Postage	6,160	6,160	- 0 -	- 0 -
c Printing	3,258	3,258	- 0 -	- 0 -
d	- 0 -	- 0 -	- 0 -	- 0 -
e All other expenses	10,824	10,824	- 0 -	- 0 -
25 Total functional expenses. Add lines 1 through 24e	357,378	214,772	129,088	13,518
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	- 0 -	- 0 -	- 0 -	- 0 -

Honor the Earth

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Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Values are handwritten in blue ink.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	425,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	357,378
3	Revenue less expenses. Subtract line 2 from line 1	3	68,148
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,005
5	Net unrealized gains (losses) on investments	5	-0-
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,154

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c If "Yes" to line 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.	—	
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? . . . . .		✓
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.	—	

SHORT YEAR RETURN

JUNE 30 2016

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015 2016

Open to Public Inspection

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

HONOR the EARTH

Employer identification number

45-4714238

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 3
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows include Cheyenne River Youth Project, Owe Aku International Justice Project, INC, and Nay-Ah-Shing-School.

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**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	2013		2014		2015		2016	
Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	—	347,276	619,006	605,214	425,526	1,997,022		
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	—	—	—	—	—			
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	—	—	—	—	—			
4 <b>Total.</b> Add lines 1 through 3 . . . . .	—	347,276	619,006	605,214	425,526	1,997,022		
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 (f) . . . . .								
6 <b>Public support.</b> Subtract line 5 from line 4.								

**Section B. Total Support**

	2013		2014		2015		2016	
Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7 Amounts from line 4 . . . . .	—	347,276	619,006	605,214	425,526	1,997,022		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	—	—	—	—	—			
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	—	—	—	—	—			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	—	—	—	—	—			
11 <b>Total support.</b> Add lines 7 through 10		347,276	619,006	605,214	425,526	1,997,022		
12 Gross receipts from related activities, etc. (see instructions) . . . . .							12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>								

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	2013 2014 2015 2016					(f) Total
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	—	347,276	619,303	566,503	362,934	1,896,016
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	—	2,228	378	38,711	62,592	103,909
3 Gross receipts from activities that are not an unrelated trade or business under section 513	—	—	—	—	—	—
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	—	—	—	—	—	—
5 The value of services or facilities furnished by a governmental unit to the organization without charge	—	—	—	—	—	—
6 Total. Add lines 1 through 5	—	349,504	619,681	605,214	425,526	1,999,925
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	—	—	—	—	—	—
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	—	—	—	—	—	—
c Add lines 7a and 7b	—	—	—	—	—	—
8 Public support. (Subtract line 7c from line 6.)	—	—	—	—	—	—

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	2013 2014 2015 2016					(f) Total
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
9 Amounts from line 6	—	349,504	619,681	605,214	425,526	1,999,925
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	—	—	—	—	—	—
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	—	—	—	—	—	—
c 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 VI.)	—	—	—	—	—	—
13 Total support. (Add lines 9, 10c, 11, and 12.)	—	349,504	619,681	605,214	425,526	1,999,925
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	—	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	—	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	—	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	—	%

- 19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Not checked

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b with handwritten 'No' marks in the Yes column.

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11c</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Honor the Earth  
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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. N/A

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). N/A

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	—
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	—
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	—
4	Amounts paid to acquire exempt-use assets	—
5	Qualified set-aside amounts (prior IRS approval required)	—
6	Other distributions (describe in Part VI). See instructions.	—
7	<b>Total annual distributions.</b> Add lines 1 through 6.	—
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	—
9	Distributable amount for 2015 from Section C, line 6	—
10	Line 8 amount divided by Line 9 amount	—

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			—
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		—	
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013 . . . . .			
e	From 2014 . . . . .			
f	<b>Total of lines 3a through e</b>	—		
g	Applied to underdistributions of prior years		—	
h	Applied to 2015 distributable amount			—
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	—		
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years		—	
b	Applied to 2015 distributable amount			—
c	Remainder. Subtract lines 4a and 4b from 4.	—		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		—	
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			—
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.	—		
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 . . . . .			
d	Excess from 2014 . . . . .			
e	Excess from 2015 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HONOR the EARTH**

Employer identification number

**45-4714238**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Cheyenne River Youth Project P.O. Box 410 Castle Butte, SD 57625 (2) Native American International Justice Project 720 W 173rd St Ste 59 New York, NY 10032-1157	46-0423166 27-3348847	501(c)(3) 501(c)(3)	5,000 4,000	— —	Book Book	— —	Assist them with Native Student Gardening Project. To help them with attending a conference called 3/16/17 in the states connected to
(3) Nay-Ah-Shing School 43521 Odessa Drive Orangeburg, MN 56359	41-1661577	501(c)(3)	5,000	—	Book	—	To help them build greenhouses for four Native Schools
(4)	—	—	—	—	—	—	—
(5)	—	—	—	—	—	—	—
(6)	—	—	—	—	—	—	—
(7)	—	—	—	—	—	—	—
(8)	—	—	—	—	—	—	—
(9)	—	—	—	—	—	—	—
(10)	—	—	—	—	—	—	—
(11)	—	—	—	—	—	—	—
(12)	—	—	—	—	—	—	—

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	— none —	—	—	—	—	—
2	—	—	—	—	—	—
3	—	—	—	—	—	—
4	—	—	—	—	—	—
5	—	—	—	—	—	—
6	—	—	—	—	—	—
7	—	—	—	—	—	—

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

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**2015** 2016

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Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open To Public Inspection**

Name of the organization

HONOR the EARTH

Employer identification number

45-4714238

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$   0  

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$   0  

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							\$ <u>  0  </u>						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAUL DEMAIN	Board co-chair	\$922	Goods GIVEN ON CONSIGNMENT		X
(2) _____	_____	— 0 —	_____		
(3) _____	_____	— 0 —	_____		
(4) _____	_____	— 0 —	_____		
(5) _____	_____	— 0 —	_____		
(6) _____	_____	— 0 —	_____		
(7) _____	_____	— 0 —	_____		
(8) _____	_____	— 0 —	_____		
(9) _____	_____	— 0 —	_____		
(10) _____	_____	— 0 —	_____		

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Paul is the owner of a small store  
 For which he was given some  
 Honor the Earth Merchandise  
 to sell on consignment.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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2016

Open to Public  
Inspection

Name of the organization

HONOR THE EARTH

Employer identification number

45-4714238

PART III Line 4d - Other Program Services Revenue

RURAL MINNESOTA CEP - \$4298 - SOLAR TRAINING

Other INcome - 1,190 - closed WINONA LAZDUKE'S CAMPAIGN ACCOUNT

Sales - 15,404 - HONOR Merchandise Sales

total 20,892

PART VI - section B # 11a - Process For 990 Review

ONCE the ACCOUNTANT has Filled out the FORM and the  
EXECUTIVE DIRECTOR has Reviewed and signed OFF on it,  
The 990 is then emailed to the TEN Board Members FOR  
Their INSpection and APPROVAL before it is  
Submitted to the IRS.

PART VI section C # 19 - Access to Public Records

HONOR the EARTH makes its governing documents,  
CONFLICT of interest Policy, and Financial statements  
available FOR public Viewing all year. All of this data  
is in the Accountant's office and is viewable by the  
Public FROM 9AM to 5PM weekdays,