الهيئز	_									
COM				TENDED TO M						
-Exy	990-T	E	Exempt Orga					ax Retur		OMB No 1545-0687
Pa.			-	nd proxy tax und				17/0		
(E)		For cal	lendar year 2016 or other tax ye						<u>.7</u>	2016
Departr	ment of the Treasury		► Information about F						L	Open to Public Inspection for
Internal	Revenue Service		Do not enter SSN number					<u>tion is a 501(c)(3)</u>		Open to Public Inspection for 501(c)(3) Organizations Only
_ A	_ Check box if address changed		Name of organization (Check box if name	changed	and see instr	uctions.)		(Empl	oyer identification number loyees' trust, see
										ctions)
_	empt under section	Print	ISLAND INST							2-2786731
\mathbf{x}	501(c)(3)	l or Type∢	Number, street, and roor	n or suite no. If a P.O. bo	ox, see in	structions.				ated business activity codes nstructions)
<u></u>	408(e) 220(e)	7	386 MAIN ST	REET P.O.	BOX	648			-	
ļ	408A (330(a)		City or town, state or pro		or foreigr	n postal code			C 4 1	000
	529(a) k value of all assets	F 0	ROCKLAND, M	· · · · · · · · · · · · · · · · · · ·					541	800
o at er	nd of vear		up exemption number (Second control of the control	501(c) corporation	on	501(c) tru	unt T	401(a) trust	Т	Other truet
<u> </u>			ary unrelated business act			STATEM		401(a) trust		Other trust
			poration a subsidiary in an						Ye	s X No
-	• • •	-	tifying number of the pare		unt aubar	diary controll	ca group.		,,	3 22 140
			ERIC WATERS	it corporation, s			Telephor	ne number 🕨 2	07-	594-9209
Par			de or Business Inc	come		(A) Inc		(B) Expense		(C) Net
ر 1a ر	Gross receipts or sale	es								
<u></u> ь	Less returns and allo	wances		c Balance	1c					
2	Cost of go ods sold (S	Schedule	e A, line 7)		2					
3	Gross profit. Subtract	t line 2 fi	rom line 1c		3					
4 a	Capital gain net incor	ne (attac	ch Schedule D)		4a					
b	Net gain (loss) (Form	4797, F	Part II, line 17) (attach Forr	n 4797)	4b				_	
C	Capital loss deduction	n for tru	sts		4c			·		
5	Income (loss) from p	artnersh	nips and S corporations (at	tach statement)	5					
6	Rent income (Schedi	ile C)			6					
	Unrelated debt-financ				7					
65			and rents from controlled		8					
			on 501(c)(7), (9), or (17) o	organization (Schedule G			01.6			410
	Exploited exempt act	-	· ·		10	7.0	816.	1,4	28.	$\frac{-412.}{70,097.}$
	Advertising income (•		11		,097.			70,097.
_	Other income (See in Total, Combine lines		•		12	70	,913.	1 2	28.	69,685.
Pai			ot Taken Elsewhe	re (See instructions f					40.	<u>00,00</u> 0.
			utions, deductions mus					income)		
	Compensation of of	ficers, di	rectors, and trustees (Sch	edule K)					14	
35	Salaries and wages	,	(=11 /8=1				15	
₹6	Repairs and mainter	апсе		RECE	IVE				16	
(F)	Bad debts			MAY 1		၂၀			17	
18	Interest (attach sche	edule)		ළි MAY 1	5 201	88-0s(18	
19	Taxes and licenses					(လွှ			19	
20	Charitable contribut	ions (Se	e instructions for limitation	rules) OGDE	NII				20	
21	Depreciation (attach		·		· v, O		21			
22	Less depreciation cl	aimed o	n Schedule A and elsewhe	re on return		l	22a		22b	
23	Depletion								23	
24	Contributions to def		mpensation plans						24	
25	Employee benefit pr								25_	
26	Excess exempt expe	•	•						26	70 007
27	Excess readership of	•	•						27	70,097.
28	Other deductions (a: Total deductions. A		•						28	70,097.
29 30			ncome before net operatin	n loss deduction. Subtra	act line 20	from line 12			30	-412.
30 31			ncome before het operation (limited to the amount or		.o. mio 25			MENT 2	31	<u> </u>
32	• •		ncome before specific ded		from line				32	-412.
33			y \$1,000, but see line 33 ii						33	1,000.
34	•		income. Subtract line 33			than line 32, e	enter the sma	ller of zero or		
	line 32								34	-412.
62370	1 11-22-17 LHA FO	r Paper	work Reduction Act Notic	e, see instructions.						Form 990-T (2016)

orm 990-	(2016)	ISLAND INSTITUTE	<u> 22-27</u>	86731	1	Page 2
Part I	II 📗	Fax Computation				
35		nizations Taxable as Corporations. See instructions for tax computation.				
		olled group members (sections 1561 and 1563) check here See instructions and:				
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1)	\$ (3) \[\frac{\\$}{2} \]				
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)				
		dditional 3% tax (not more than \$100,000)				
c		ne tax on the amount on line 34	•	35c		0.
36	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:				
		Tax rate schedule or Schedule D (Form 1041)	•	36		
37	Proxy	tax See instructions		37		
38	Alterr	native minimum tax		38		
39	Tax o	n Non-Compliant Facility Income See Instructions		39		
40		. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part		Tax and Payments				<u> </u>
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a				
		credits (see instructions) 41b		1		
C		ral business credit. Attach Form 3800 41c		7		
d		t for prior year minimum tax (attach Form 8801 or 8827) 41d		1		
		credits. Add lines 41a through 41d		41e		
42		act line 41e from line 40	42		0.	
43	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	ttach schedule)	43		<u> </u>
44		tax. Add lines 42 and 43	naon concauto,	44		0.
		ents: A 2015 overpayment credited to 2016		1		
	•	estimated tax payments 45b		-		
		eposited with Form 8868		-		
		gn organizations: Tax paid or withheld at source (see instructions) 45d		7		
		up withholding (see instructions) 45e				
		t for small employer health insurance premiums (Attach Form 8941) 45f				
		credits and payments: Form 2439		-		
•		Form 4136 Other Total ▶ 45g				
46	Total	payments. Add lines 45a through 45g		46		
47		ated tax penalty (see instructions). Check if Form 2220 is attached		47		
48		lue. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		0.
49		Dayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49		0.
50	-		nded 🕨	50		
Part \		Statements Regarding Certain Activities and Other Information (see instruct		1 00 1		—
51		y time during the 2016 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			100	
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				
	here				1 1	X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ion trust?			X
-		S. see instructions for other forms the organization may have to file.	igii ii ust		-	
53		the amount of tax-exempt interest received or accrued during the tax year >\$				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to this rrect, and complete Declaration of preparer (giver than taxpayer) is based on all information of which preparer has any knowledge	e best of my kno	owledge and bel	lief, it is true,	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		_	
Here		5-1/-18 CFO	1	May the IRS disc he preparer show	cuss this return wi win helow (see	ith
		Signature of officer Date Title		nstructions)?		No
		Print/Type preparer's name Preparer's signature Date C		if PTIN	100	140
D~:-I			elf- employed	"		
Paid		THOMAS EMERY San 5/10/18 s	on- citibioaea	1	532592	
Prepa			Firm's EIN 🕨		0440155	
Use (אוחכ	20 LONG CREEK DRIVE	Inn SEIN	<u> </u>	2 <u> </u>	
		I	Phone no.	2 <u>07-77</u>	3-2986	
		POOLII I OATEMED, HE OATOU	HUIR IIU4	<u>. V / //</u>	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

Form **990-T** (2016)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	luation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	.r		6		
2 Purchases	2] 7	Cost of goods sold Su	ıbtract I	ine 6			
3 Cost of labor	3	_		from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			7	line 2		İ	7		
(attach sc hedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes No	
b Other costs (attach schedule)	4b		7	property produced or a					
5 Total. Add lines 1 through 4b	5		7	the organization?	_ •			ł (
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property	Leas	ed With Real Pro	perty)		
(see instructions)									
1. Description of property									
(1)									
(2)			_						
(3)									
(4)									
		ed or accrued				0/->-			
ren't for personal property is more than of rent for pe				nal property (if the percenta property exceeds 50% or if d on profit or income)	ige 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)								_	
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total incom e. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column		.			0.	Enter here and on page 1, Part I, line 6, column (B)	> _	_0.	
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	tions)					
				Gross income from		Deductions directly control to debt-finance		ıble	
Description of debt-financed property			'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so		
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	Column 4 divided by column 5	reportable (column 6 x		(column 6 x to	e deductions otal of columns nd 3(b))	
(1)	_			%					
(2)				%					
(3)				%					
(4)				%					
			<u> </u>			nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals				•		0 .	_}	0.	
Total dividends-received deductions in	<u>cluded in colu</u> mn	8						0.	

1 Name of periodical

2. Gross advertising solution or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

(1) VARIOUS

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising solution or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income solution 6. Readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 7)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 6 minus column 6 min

Form 990-T (20 \$6) ISLAND INSTITUTE

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 o	n a line-by-line basis	<u>) </u>				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 70,097.	0.]			70,097.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 70,097.	0.				70,097.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2016)

1,228.

1,228.

BUSINESS ACTIVITY ADVERTISING IN THE ORGANIZATION'S WORKING WATER FRONT PUBLICATION	STATEMENT	1
	N.	
TO FORM 990-T, PAGE 1		
FORM 990-T NET OPERATING LOSS DEDUCTION	STATEMENT	2
·		
FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT	3
ACTIVITY		
	\mathtt{TOTAL}	
DESCRIPTION NUMBER AMOUNT		

- SUBTOTAL - 1

TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3