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·	Sam	990-T	Ex				iness Income der section 6033(		rn	OMB No 1545-0687
/	rom		For cale	•	-		, 2017, and ends	• •	20	୭ଲ17
		nent of the Treasury		►Go to www.irs.gov	v/Form990	for in	structions and the latest	information.		Open to Public Inspection for
	Internal	Check box if	▶ Do				y be made public if your organie changed and see instruction			Open to Public Inspection for 501(c)(3) Organizations Only yer identification number
	A L	address changed		Name or organization (	Check bo	x II nai	ne changeo and see instruction	15 )		yees' trust, see instructions )
	-	npt under section		EARTH UNIVERS						
		501( C )( <b>[</b> B])	Print or	Number, street, and room					ļ	920639
	1	408(e) 220(e)	Type	3525 PIEDMONT EIGHT PIEDMON			TTE 520			ited business activity codes structions )
		408 A 530(a) 529(a)		City or town, state or prov			IP or foreign postal code			
	-	k value of all assets		ATLANTA, GA 3		,, and L	in or orange, poster cours			
	at e	nd of year	F Gro	up exemption number (S		ons ) I	<b>&gt;</b>		L	
	7	8,327,238.	<b>G</b> Che	ck organization type 🕨	X 501	(c) co	poration 501(c	) trust	401(a)	trust Other trust
				rimary unrelated busines	***************************************					
							oup or a parent-subsidiary o	controlled group?		▶ Yes X No
				identifying number of the	e parent cor	poration		e number ▶ 40	1-005	1222
		e books are in care	~	or Business Income			(A) Income	(8) Expen		(C) Net
	-	Gross receipts or s		T	<del>-</del>		(A) Wicome	(b) Expen	, ,	(O) Net
		Less returns and allowa			Balance >	16			, s,	
	2			ule A, line 7)		2		, , ,	. / /	
	3	Gross profit Sub	tract line	2 from line 1c		3		4 125	, , ,	
	4 a	Capital gain net in	ncome (a	ittach Schedule D)		4a			-	
	b			Part II, line 17) (attach Form		4b		* * * * * * * * * * * * * * * * * * * *	** ;	
	c			trusts		4c			7	
	5 6			ps and S corporations (attach	•	5 6		<u> </u>		
	7			come (Schedule E)		7				
	8			nts from controlled organizations		8				
<u></u>	9	Investment income of a	section 50	1(c)(7), (9), or (17) organization	(Schedule G)	9				
<b>0</b> 7	10		-	ncome (Schedule I)		10				
<b>₽</b>	11			dule J)		11			? .	
	12 13			ctions, attach schedule),		12	0.	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	
=							ns for limitations on c	leductions.) (I	Except f	or contributions.
=										
	14	Compensation of	officers,	directors, and trustees (S	Schedule K)	1	related business inco RECEIVED:		14	
쀨	15	Salaries and wage	es			ا	INLUCIVEU.		15	
Z	16	Repairs and main	tenance			Z.	. MAY . 2 .4 2018 ·	$\mathbb{S}_{0}$		
SCANNED	17	Bad debts	د د د د			<b>∞</b>	· MA1 · Z ·4 · 2018 ·	ŏ · · · ·		
S	18 19	Tayes and license	cnequie)					8	. 18	
	20	Charitable contrit	outions (	See instructions for limita	tion rules)	][ [	DGDEN, UT		20	
	21	Depreciation (atta	ach Form	4562)			21			
	22			on Schedule A and else					22b	
	23								F	
	24					-				
	25 26									
	27			•						
	28			• •						
	29	Total deductions	Add line	s 14 through 28,					29	
	30	Unrelated busine	ss taxat	le income before net	operating	loss	deduction Subtract line	29 from line		
	31			,		-				
	32						ract line 31 from line 30		· ·	
	33 34						or exceptions)			
	~~								1	0.
										5 000 T (0047)

Form **990-T** (2017)

Sign May the IRS discuss this return ₩5/15/2018 CHAIR OF AUDIT COMM. ROSS ARNOLD Here with the preparer shown below (see instructions)? X Yes Signature of officer Date Date Print/Type preparer's name Preparer's signature Check Paid 05/15/2018 P91739349 MARC AZAR self-employed Preparer Firm's EIN ▶58-1250486 Firm's name ► SMITH & HOWARD, P.C Use Only Phone no 404-874-6244 Firm's address ▶ 271 17TH STREET, SUITE 1600, ATLANTA,

Form 990-T (2017)

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Form 990-T (2017)

Schedule F - Interest, Annu	uities, Royalties	s, and						ons (see	instruction	ons)	
		_	Exen	npt Co	ntrolled Or	ganizatio	ons				
1. Name of controlled òrganization	2 Employer identification numb	per			ated income nstructions)		of specified ents made	ıncluded	f column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)									· <del></del>		
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specific ayments made		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)											
(2)											·
(3)											
(4)											
Totals						▶	Enter   Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G - Investment In	ncome of a Sec	ction	501(0	c)(/),	(9), or (1/ 3 Deduc		nization				5 Total deductions
1 Description of income	2 Amount o	f income	•		directly cor (attach sch	nnected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)											
(2)				<u> </u>							
(3)				ļ							
(4)											<del> </del>
Totals , ▶	Enter here and Part I, line 9, c										Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exe	empt Activity In	come	, Oth	er Th	an Adverti	ising In	icome (s	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 con pro	Expens directly nected oductio inrelate ness in	ses y with n of ed	4 Net inconfrom unrelat or business 2 minus col If a gain, c cols 5 thro	ne (loss) led trade (column lumn 3) ompute	5 Gros from ac	s income tivity that inrelated s income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>										
(1)											-
(3)											
(4)									<del>                                     </del>		
Totals	Enter here and on page 1, Part I, line 10, col (A)	pag	here a ge 1, Pa 10, col	art I,		·	! ! ! !				Enter here and on page 1, Part II, line 26
Schedule J - Advertising Ir											
Part I Income From Per	iodicals Report	ted or	a C	onsoli	idated Bas	sis					
1 Name of periodical	2 Gross advertising income		3 Direc		4 Adverting gain or (los 2 minus col a gain, col cols 5 thro	ss) (col ol 3) If mpute		culation ome	6 Reade cost	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					346	M/A-					
(2)		L									
(3) (4)											
Totals (carry to Part II, line (5))											Form <b>990-T</b> (2017)

Part II	Income From Periodicals Reported on a Separat	e Basis (For each periodical listed in Par	rt II, fill in columns
	2 through 7 on 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 ▶	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,				Enter here and on page 1,
Totals, Part II (lines 1-5) ▶	line 11, col (A)	line 11, col (B)				Part II, line 27

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, Einter here and on page 1, Part II, line 14			

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