DLN: 93493073009139 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 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 Department of the Treasur Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 D Employer identification number B Check if applicable Earth Island Institute Inc ☐ Address change 94-2889684 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 2150 Allston Way Suite 460 E Telephone number ☐ Amended return ☐ Application pending (510) 859-9113 City or town, state or province, country, and ZIP or foreign postal code Berkeley, CA $\,\,$ 94704 $\,\,$ G Gross receipts \$ 14,534,891 F Name and address of principal officer H(a) Is this a group return for ☐Yes ☑No subordinates? 2150 Allston Way Ste 460 H(b) Are all subordinates Berkeley, CA 94704 ☐ Yes ☑No included? I Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www earthisland org L Year of formation 1982 M State of legal domicile CA **K** Form of organization lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquarePart I Summary **1** Briefly describe the organization's mission or most significant activities Earth Island is the place to go if you have a great idea to protect the Earth and need a place to make it happen. For more than 30 years Earth Island has been a hub for grassroots campaigns dedicated to conserving, preserving, and restoring the ecosystems on which life depends. We provide comprehensive fiscal sponsorship and project support to a vibrant network of activists and social entrepreneurs. In the tradition of our founder David Brower, we recognize and support the next generation of young leaders, and inspire people to get involved and take action. To this end, our Project Support Program has built a network of more than 75 activist projects in the US and around the world. Our New Leaders Initiative mentors young people and sponsors the annual Brower Youth Awards to recognize tomorrows environmental leaders. We publish the award-winning Earth Island Journal to inspire and educate. Our Restoration Initiatives supports Activities & Governance environmental restoration through a small grants program. An 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 10 Number of voting members of the governing body (Part VI, line 1a) . 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 252 Total number of volunteers (estimate if necessary) . . . 6 2,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,930 Net unrelated business taxable income from Form 990-T, line 34 -4,007 **Prior Year Current Year** 8,694,732 12,436,028 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 1,503,386 1,395,856 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 651,458 343,384 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 373,231 177,438 14,352,706 11,222,807 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 566,159 616,534 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,238,178 5,666,179 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶834,734 3,518,682 3,448,680 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 9,751,020 10,303,392 Revenue less expenses Subtract line 18 from line 12 . 1,471,787 4,049,314 d Balances Beginning of Current Year End of Year 10,715,975 14,951,821 20 Total assets (Part X, line 16) . 808,577 21 Total liabilities (Part X, line 26) . 622.045 22 Net assets or fund balances Subtract line 21 from line 20 . 10,093,930 14,143,244 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 2019-03-08 Signature of officer Sign Here David Phillips Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check I If P01346204 Hiep Pham Paid self-employed Firm's EIN ► 20-1398210 Preparer Firm's address ► 1101 Fifth Avenue Suite 360 Phone no (415) 457-1215 Use Only San Rafael, CA 94901 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 🗆 No

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

| Forn | n 990 (20 | 017) | | | | | Page 2 | | | |
|-------|-----------|----------------------------------|-------------------------|------------------|--------------------------|--|---------------|--|--|--|
| Pa | rt III | Statement | of Program Service | e Accomplis | hments | | | | | |
| | | Check if Sche | dule O contains a respo | nse or note to a | any line in this Part II | I | 🗹 | | | |
| 1 | Briefly | | rganization's mission | | , | | | | | |
| biolo | gical and | d cultural diver | | | | e develops and supports projects th activism, these projects promote th | | | | |
| 2 | Did the | □Yes ☑No | | | | | | | | |
| | If "Yes | | | | | | | | | |
| 3 | Did the | | | | | | | | | |
| | service | ☐ Yes ☑ No | | | | | | | | |
| | If "Yes | ." describe the | se changes on Schedul | e O | | | | | | |
| 4 | | sured by expenses , the total | | | | | | | | |
| 4a | (Code | |) (Expenses \$ | 7,828,049 | including grants of \$ | 599,283) (Revenue \$ | 1,383,761) | | | |
| | See Ad | ditional Data | | | | | | | | |
| 4b | (Code | |) (Expenses \$ | 316,616 | ıncludıng grants of \$ |) (Revenue \$ | 12,095) | | | |
| | See Ad | ditional Data | | | | | | | | |
| 4c | (Code | |) (Expenses \$ | 288,872 | ıncludıng grants of \$ |) (Revenue \$ |) | | | |
| | See Ad | ditional Data | | | | | | | | |
| 4d | Other | | | | | | | | | |
| | (Exper | nses \$ |) | | | | | | | |
| 4e | Total | program serv | /ice expenses ▶ | 8,630,3 | 31 | | | | | |

Checklist of Required Schedules

1

Page 3

No

Nο

No

Nο

Νo

No

Νo

Νo

Nο

Form **990** (2017)

11b

11c

11d

11e

11f

12a

13

14a

14h

15

16

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18

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Yes 11a

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

29

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

20a

Yes

Yes

20b

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24a

24b

24c

24d

25a

25b

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28a

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28c

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Yes

Form 990 (2017)

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Nο

| orm | 990 (2017) | | | Page |
|--------|--|------------|-----|------|
| Par | t 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 |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 118 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | 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 2a 252 | | | |
| | | 2b | Yes | |
| D | 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 (see instructions) | | 103 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| 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 | 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)? | _ | | |
| b | If "Yes," enter the name of the foreign country ▶ | 4a | | No |
| | 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 | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| Ĭ | In rest, to line su of sst, and the digamization meronic occurrence in the first transfer in the state of the | 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? | 6 a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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 | | No |
| 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 | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| • | required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during | | | |
| | the year? | 8 | | No |
| ۵2 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| о О | Section 501(c)(7) organizations. Enter | 90 | | INU |
| | 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 10b | | | |
| | | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| | 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) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | |
| | additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in | 13a | | No |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |

| ווווע | 990 (2017) | | | Page c |
|-------|--|------------|-----------------|---------------|
| ar | Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | nes |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ction A. Governing Body and Management | <u> </u> | • • | |
| | onon Al Coverning Doug and Hamegoment | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | 2.) | |
| | | | Yes | No |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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? | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 3 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 5 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| ь | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 6a | 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," 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? | 16b | | |
| | ction C. Disclosure | | | |
| 7 | List the States with which a copy of this Form 990 is required to be filed ► CA | | | |
| 8 | 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 made these available. Check all that apply | | | |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 9 | 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 | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's books and records Michael Sowle 2150 Allston Way Suite 460 Berkeley. CA 94704 (510) 859-9113 | | | |

Project Director

Project Director

Dir of Finance

(16) Michael Sowle

(17) Elaine McCarty

Senior Associate

(15) Sarah Diefendorf

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"

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- 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 director organization, more than \$10,000 of reportable con | mpensation fro | m the | organ | ızat | ion a | and ar | ny re | elated organization | s | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|--|
| List persons in the following order individual trus compensated employees, and former such perso | | rs, ınstı | itutioi | nal t | rust | ees, o | offic | ers, key employees | s, highest | | |
| \square Check this box if neither the organization no | r any related or | ganızat | ion c | omp | ens | ated a | any i | current officer, dire | ctor, or trustee | | |
| (A) Name and Title | (B) Average hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| (1) Michael Mitrani | 1 00 | | | | | | | | | | |
| Dırector | 0 00 | × | | | | | | 0 | 0 | 0 | |
| (2) Deborah Sıvas Dırector | 0 00 | x | | | | | | 0 | 0 | 0 | |
| (3) Kenneth Brower | 1 00 | | | | | | | | | | |
| Vice President | 0 00 | × | | × | | | | 0 | 0 | 0 | |
| (4) Jennifer Snyder Secretary | 1 00 | х | | x | | | | 0 | 0 | 0 | |
| (5) Alex Giedt Treasurer | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| (6) Barbara Brower | 1 00 | x | | | | | | 0 | 0 | 0 | |
| (7) John de Graaf | 0 00 1 00 | | | | | | | | | | |
| Director | 0.00 | × | | | | | | 0 | 0 | 0 | |
| (8) Josh Floum | 0 00 2 00 | × | | x | | | | 0 | 0 | 0 | |
| President | 0 00 1 00 | | | | | | | | | | |
| (9) Will Green Director | 0 00 | × | | | | | | 0 | o | 0 | |
| (10) Franscisco Martinez | 1 00 | × | | | | | | 0 | 0 | 0 | |
| Director | 0 00 | ^ | | | | | | 0 | 0 | | |
| (11) David Phillips | 60 00 | × | | × | | | | 135,895 | 0 | 13,000 | |
| Executive Dir | 0 00 | | | | | | | | _ | | |
| (12) Arıela St Pierre Director | 1 00 | x | | | | | | 0 | 0 | 0 | |
| (13) Camilla Fox | 40 00 | | | | | l , | | 125.000 | _ | 0.000 | |
| Project Director | 0 00 | | | L | L | × | L | 135,000 | 0 | 8,000 | |
| (14) Julia Cohen | 40 00 | | | | | | | 114 505 | | | |

0 00 40 00

0 00 40 00

0 00 40 00

0 00

.

Form 990 (2017)

0

12,000

12,000

0

0

0

114.565

110,526

105,987

100.673

Х

Χ

Part VII

(F)

Page 8

| | (A) Name and Title | Name and Title Average hours per than one box, unless person week (list any hours Average hours per than one box, unless person week (list any hours Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) | | | n d (W- | compensation compe | | | | | | | |
|-----|---|--|-----------------------------------|-----------------------|---------------|--|------------------------------|--------|--------------------|-----------------------------|-------|--------------------------|--------|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | 2/1099-MISC) | | | related organizations | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | |
| | | | | | | | | | | | | | |
| c · | Sub-Total Total from continuation sheets to P | | nΑ. | | | | | | 702,646 | | + | | 45,000 |
| 2 | Total number of individuals (including of reportable compensation from the | but not limited | to thos | | | | | rec | eived more than \$ | 100,000 | | | |
| 3 | Did the organization list any former | officer director | or trust | ee k | ev ei | mple | ovee (| or hi | ahest compensate | d employee on | | Yes | No |
| | line 1a? If "Yes," complete Schedule | I for such individ | dual . | • | • | • | | • | | | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | m the | 4 | | No |
| 5 | Did any person listed on line 1a recei services rendered to the organization | | | | | | | | | | 5 | | No |
| S | ection B. Independent Contract | ors | | | | | | | | | | | |
| 1 | Complete this table for your five high from the organization Report compe | | | | | | | | | | mpens | sation | |
| | Name a | (A) and business addre | ess | | | | | | Des | (B) cription of services | | (C Compen | |
| | | | | | | | | | | | | | |
| | | | | | | | | | ı | | | | |

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 \blacktriangleright 0

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

| Part | VI | II Statement of | Revenue | | | | | | | | | | |
|--|------------|--|------------------|------------|------------|-------------|---------|----------------------|--------------------|---------------------------------------|-------|--------------------------------------|--|
| | | Check if Schedul | e O contains a | a respo | nse or n | ote to any | | | Ι. | | | | <u> </u> |
| | | | | | | | | A) revenue | е | (B) elated or exempt unction | bι | (C) nrelated usiness evenue | (D) Revenue excluded from tax under sections |
| | 1. | | | | | | | | | evenue | | | 512-514 |
| र इ | | a Federated campaig | | 1a | | | | | | | | | |
| ran | | b Membership dues | | 1b | | | | | | | | | |
| چِّ ق | | c Fundraising events | | 1c | | 427,881 | | | | | | | |
| iffs ar A | | d Related organization | ns | 1d | | | | | | | | | |
| nii G | | e Government grants (c | ontributions) | 1e | | 642,598 | | | | | | | |
| Sir | | f All other contributions and similar amounts n | , gifts, grants, | | | | | | | | | | |
| uti. Ter | | above | or moradou | 1 f | 1: | 1,365,549 | | | | | | | |
| E E | | 9 Noncash contribute in lines 1a-1f \$ | ons included | | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ١. | h Total. Add lines 1a-1 | ı f | | | _ | | | | | | | |
| | ₽: | i i i i i i i i i i i i i i i i i i i | | • • | · · | | | ,436,028 | | | | | Т |
| ₹Ie | _ | | | | - | Business | | | 240 740 | 2.40 | 740 | | |
| ١٠٨٠ | | Contract Revenue Service Revenue | | | | | 900099 | | 340,749 055,107 | 1,055 | ,749 | | |
| υ G | - | | | | | | 300033 | | 33,107 | 1,032 | ,,107 | | |
| гмс | C | _ | | _ | | | | | | | | | |
| 35 | d | | | | | | | | | | | | |
| ran | e f | All other program se | | | | | | | | | | | |
| Program Service Revenue | | · - | | | | 1,3 | 395,856 | | | | | | |
| | | Total.Add lines 2a-2 | | | | | 1 | | _ | | 1 | | |
| | | Investment income (i similar amounts) . | | | nterest, a | and other | . | 343,38 | 84 | 343,384 | | | |
| | 4 | Income from investm | ent of tax-exe | mpt bo | ond proce | eeds 🕨 | · 🔃 | | 0 | | | | |
| | 5 | Royalties | | | | | · | 24,42 | .2 | 24,422 | | | |
| | _ | _ | (ı) Rea | l | (II) P | ersonal | 4 | | | | | | |
| | 6a | Gross rents | | | | | | | | | | | |
| | ŀ | b Less rental expenses | | | | | 1 | | | | | | |
| | | Dantal manage | | | | | 4 | | | | | | |
| | • | c Rental income or (loss) | | | | | | | | | | | |
| | • | d Net rental income o | r (loss) | | | > | 1 | | 0 | | | | |
| | | | (ı) Securit | ies | (11) | Other | | | | | | | |
| | 7 <i>a</i> | Gross amount from sales of | | | | | | | | | | | |
| | | assets other than inventory | | | | | | | | | | | |
| | | b Less cost or | | | | | 4 | | | | | | |
| | | other basis and sales expenses | | | | | | | | | | | |
| | | Gain or (loss) | | | | | 1 | | | | | | |
| | • | d Net gaın or (loss) | | • | | > | 1 | | 0 | | | | |
| _ | 8a | Gross income from f | | | | | | | | | | | |
| ıπe | | (not including \$ contributions reporte | ed on line 1c) | | | | | | | | | | |
| € | | See Part IV, line 18 | | . a[| | 23,745 | | | | | | | |
| Re | | Less direct expense | | ь | | 109,975 | | | | | | | |
| Other Revenue | | c Net income or (loss) | | | ents . | • • | | -86,23 | 30 | | | | |
| Off | 98 | Gross income from g See Part IV, line 19 | aming activiti | es | | | | | | | | | |
| | | | | a | ' | | | | | | | | |
| | | Less direct expense | | ь[| | | | | | | | | |
| | | c Net income or (loss) | | activiti | ies | > | | | 0 | | | | |
| | 10 | aGross sales of invent returns and allowand | | | | | | | | | | | |
| | | | | a | 1 | 242,198 | | | | | | | |
| | ŧ | Less cost of goods s | sold | ь | | 72,210 | | | | | | | |
| | • | Net income or (loss) | | invent | | | | 169,98 | 88 | 169,988 | | | |
| | | Miscellaneous | | | Busine | ess Code | _ | | | | | 4 000 | |
| | 11 | La Advertising Income | | | | | | 1,93 | 50 | | | 1,930 | |
| | | | | | | | | | | | | | |
| | ŀ | Other Income | | | | 90009 | 9 | 67,32 | !8 | 67,328 | | | |
| | | | | | | | | | | | | | |
| | • | c | | | | | | | | | | 7 | |
| | | | | | | | | | | | | | |
| | | d All other revenue . | | | | | | | | | | | |
| | • | e Total. Add lines 11a | -11d | | | > | L | 69,25 | 58 | | L | | |
| | 12 | 2 Total revenue. See | Instructions | | | | | 14,352,70 | | 2,000,978 | | 1,930 | |
| | | | | | | | | ±7,JJZ,/L | · ~ [| 2,000,978 | | 1,930 | Form 990 (2017) |

| Forr | m 990 (2017) | | | | Page 10 |
|------|---|------------------------|------------------------------------|---|----------------------------|
| | art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | anizations must comp | olete column (A) | |
| l _ | Check if Schedule O contains a response or note to any | / line in this Part IX | <u></u> | <u></u> | 🗹 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 251,230 | 251,230 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 365,304 | 365,304 | | |
| 4 | Benefits paid to or for members | 0 | | | 1 |
| 5 | Compensation of current officers, directors, trustees, and key employees | 148,895 | 123,941 | 12,604 | 12,350 |
| 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 | | | |
| 7 | Other salaries and wages | 5,176,740 | 4,309,129 | 438,222 | 429,389 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 443,876 | 369,483 | 37,575 | 36,818 |
| 10 | Payroll taxes | 468,667 | 390,120 | 39,673 | 38,874 |
| 11 | Fees for services (non-employees) | | | | 1 |
| 7 | a Management | 0 | | , | Ī |

158,056

21,200

10,187

1,338,178

94,156

351,743

117,139

379,697

379,275

80,099

67,806

109,567

105,279

65,033

60,792

39,856

10,303,392

0

0

0

0 70,617

0 0 101,319

19,242

8,599

1,214,604

76,775

292,792

106,322

316,061

315,710

66,675

59,607

43,466

14,696

88,701

54,894

16,112

25,549

8,630,331

5,312

477

786

30,101

17,381

29,175

2,635

31,494

31,459

6,644

5,448

2,279

94,871

8,205

5,017

44,680

1,339

834,734

Form 990 (2017)

51,425

1,481

93,473

29,776

8,182

32,142

32,106

6,780

5,562

22,061

8,373

5,122

12,968

838,327

802

b Legal .

c Accounting

d Lobbying .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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 ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b Printing & Mailing

c Other Expenses

d Special Events

e All other expenses

a Fundraising and Membership

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

15 Royalties .

16 Occupancy .

17 Travel .

14 Information technology

1

(A)

Beginning of year

1,998,780

178.277

1,157,811

5.620.181

166,204

474.723

147,322

622.045

7.528.815

2.565.115

10,093,930

10.715.975

10,715,975

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

Page **11**

1,888,792

238.802

1,176,164

8.596.571

2.128.556

14.951.821

652,832

155,745

808,577

7.775.331

6.367,913

14,143,244

14.951.821

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0

0

0

(B) End of year

| \leftarrow | Balance Sheet | |
|--------------|--|------------------------------------|
| | Check if Schedule O contains a response or | r note to any line in this Part IX |

Cash-non-interest-bearing

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

| 2 | Savings and temporary cash investments | 476,544 | 2 | 100,520 |
|---|--|---------|---|---------|
| 3 | Pledges and grants receivable, net | 925,673 | 3 | 664,090 |
| 4 | Accounts receivable, net | 165,304 | 4 | 123,364 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | 0 |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| 7 | Notes and loans receivable, net | | 7 | 0 |
| 8 | Inventories for sale or use | 27,201 | 8 | 34,962 |

10a

10b

1,721,887

545,723

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **12**

No

No

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2a

2b

2c

3a

3b

Yes

Yes

Form 990 (2017)

Schedule O

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,049,314 |
|---|---|---|------------|
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10,093,930 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |

| 5 | Net unrealized gains (losses) on investments | 5 | |
|---|--|---|--|
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| | | | |

| 6 | Donated services and use of facilities | 6 | |
|-----|---|----|------------|
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,143,244 |
| Par | XII Financial Statements and Reporting | | |

| 7 | Investment expenses | 7 | | |
|------|---|----|------|---------|
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14, | 143,244 |
| Part | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Yes | No |

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID: 17005038

Software Version: 2017v2.2 EIN: 94-2889684

Name: Earth Island Institute Inc.

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Form 990, Part III, Line 4a:

Project Support Program Our Project Support Program cultivates environmental leadership by acting as an incubator for new programs and providing long-term support for established environmental projects, giving crucial assistance to groups and individuals promoting ecological sustainability and environmental justice. Since our founding in 1982, we have helped launch almost 200 campaigns. In fiscal year 2018 our Project Support Program supported 77 projects providing governance, financial management, administration, technical assistance, and training Earth Island projects are located across the United States and the impact of their work reaches around the globe advancing

the causes of agriculture and food systems, clean energy and climate change, environmental education and justice, indigenous rights, ocean and water quality, pollution and toxics, sustainability and resilience, wildlife protection, womens leadership, and youth empowerment. During this period, the Project Support Program adopted 7 new sponsored projects. Our support programs included webinar trainings, peer learning and support, leadership coaching, and skill building workshops

Earth Island JournalEarth Island Journal is an award-winning magazine that goes beyond daily headlines with investigative reporting, incisive commentary, and art. The magazine's quarterly print issues and weekday online edition, cover the environment from diverse angles, including wilderness protection, animal rights, energy and climate, extractive industries, chemicals and pollution, food and farming, environmental injustice, and sustainable development. We explore environmental concerns from a wide

extractive industries, chemicals and poliution, tood and raming, early industries, and sustainable development, we explore environmental industries, and sustainable development.

environmental magazines. We put our principles next to our reporting and marshal the facts to make a passionate argument for defending Earth

Form 990, Part III, Line 4b:

New Leaders InitiativesNew Leaders Initiative is a cutting edge and innovative youth program that identifies, trains, and supports young environmental leaders in North America. The program administers the Brower Youth Awards, a prize recognizing the accomplishments of six outstanding youth leaders annually. This years recipients led projects ranging from pollinator conservation to climate justice and, in addition to a cash prize and public recognition, received coaching, training, and peer support. Bay

Area local programming also includes events designed to help youth activists gain a sense of community, build capacity, and express themselves through public speaking.

Form 990, Part III, Line 4c:

visual arts, poetry and music

| efil | e GR/ | APHIC pri | nt - DO NO | T PROCESS | As Filed Data - | | | DLN: 9: | 3493073009139 |
|-------------|--------------|--------------------------------|-------------------------------|---|--|---|-------------------------------------|---|---|
| SCI (For | HED m 990 | ULE A | | Public (| Charity Staturganization is a sect | ion 501(c)(3) d | organization o | ort | OMB No 1545-0047 2017 |
| 990I | LZ) | | | | ► Attach to Form | 990 or Form 99 | 0-EZ. | | |
| | | the Treasury | ► Inf | ormation abou | it Schedule A (Form www.irs.a | 990 or 990-EZ ov/form990. |) and its instru | ictions is at | Open to Public Inspection |
| Nam | e of th | nie Service ne organiza | tion | | <u></u> | | | Employer identific | · |
| Earun | isianu i | Institute Inc | | | | | | 94-2889684 | |
| | rt I | | | | us (All organization | | | See instructions. | |
| _ | rganız — | | • | | it is (For lines 1 thro | • | , | | |
| 1 | Ш | • | | | sociation of churches | | | | |
| 2 | | A school de | scribed in se | ction 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | · | • | · | vice organization desc | | | • | |
| 4 | | name, city, | and state _ | | ed in conjunction with | | | | |
| 5 | | (b)(1)(A) | (iv). (Comple | ete Part II) | t of a college or unive | | | | oed in section 170 |
| 6 | | • | · | • | governmental unit de | | | | |
| 7 | ✓ | | | mally receives (vi). (Complete | a substantial part of it Part II) | s support from a | governmental u | init or from the genera | al public described in |
| 8 | | | | | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a |
| 10 | | from activit | ies related to income and | ıts exempt fun unrelated busın | (1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III) | tain exceptions, a | and (2) no more | than 331/3% of its su | |
| 11 | | An organiza | ition organize | ed and operated | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | ly supported: | organizations of | dexclusively for the be described in section 5 the type of supporting | 09(a)(1) or se d | ction 509(a)(2 |). See section 509(a | e purposes of one or)(3). Check the box |
| a | | Type I. A sorganization | supporting or n(s) the pow | ganızatıon oper | ated, supervised, or component or elect a major | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | Type II. A manageme | supporting on t of the sup | rganızatıon sup porting organiza | ervised or controlled i | | | | |
| С | | Type III f | unctionally | | and C. supporting organizatio ons) You must com | | | | ted with, its |
| d | | Type III n functionally | on-function integrated | ally integrate The organization | d. A supporting organi n generally must satis | ization operated fy a distribution i | ın connection wi requirement and | th its supported orgar | |
| e | П | | • | - | ' t IV, Sections A and ved a written determir | • | | pe I, Type II, Type II | I functionally |
| f | | | | • | integrated supporting | organization | • | • | • |
| g | | | | organizations | ipported organization(| -) | | | |
| | | Name of support organization | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organized in your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | l | | | | structions for | Cat No 11285 | | Schedule A (Form 9 | |

(b)(1)(A)(ix)

Page 2

| III. If the organization f | ails to qualify ui | nder the tests lis | ted below, plea | se complete Par | t III.) | |
|----------------------------|--------------------|--------------------|-----------------|-----------------|----------|-----------|
| Section A. Public Support | | | | | | |
| Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |

| | | / | | | | | | |
|-----|---|-----------------------|--------------------|----------------------|----------------------|---------|------------------|------------------|
| ٤ | Section A. Public Support | | | | | | | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2 | 2017 | (f) Total |
| 1 | (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not | 9,936,764 | 13,079,260 | 8,713,822 | 8,696,632 | 1 | 2,459,773 | 52,886,25: |
| _ | include any "unusual grant ") | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | | |
| | to or expended on its behalf | | | | | | | (|
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | (|
| 4 | Total. Add lines 1 through 3 | 9,936,764 | 13,079,260 | 8,713,822 | 8,696,632 | 1. | 2,459,773 | 52,886,25 |
| 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 | Public support. Subtract line 5 from line 4 | | | | | | | 52,886,25 |
| 9 | Section B. Total Support | | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2013 | (b) 2014 | (c)2015 | (d) 2016 | (e)2 | 2017 | (f) ⊤otal |
| 7 | Amounts from line 4 | 9,936,764 | 13,079,260 | 8,713,822 | 8,696,632 | 1. | 2,459,773 | 52,886,25: |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | 160,394 | 276,600 | 104,673 | 651,458 | | 343,384 | 1,536,509 |
| | securities loans, rents, royalties and income from similar sources | | | | | | | |
| 9 | | | | | | | | |
| | activities, whether or not the | 185,680 | 111,647 | | | | | 297,327 |
| 10 | business is regularly carried on Other income Do not include gain | | | | | | | |
| -0 | or loss from the sale of capital | 138,641 | 126,622 | 89,436 | 272,726 | | 91,750 | 719,175 |
| | assets (Explain in Part VI) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 55,439,262 |
| 12 | Gross receipts from related activities, | etc (see instructio | ns) | 1 | L | 12 | | |
| | First five years. If the Form 990 is for | | | rd. fourth. or fifth | tax vear as a sect | | c)(3) orga | nızatıon. |
| | check this box and stop here | - | | | • | , | | |
| • | Section C. Computation of Public | | | | | • • • | · · · · <u> </u> | |
| | Public support percentage for 2017 (III | • • | _ | olumn (f)) | | 14 | | 95 390 % |
| | Public support percentage for 2016 Sc | | | (.,, | | 15 | | 94 800 % |
| | a 33 1/3% support test—2017. If the | | | on line 13, and line | = 14 ıs 33 1/3% or | | heck this b | |
| | and stop here. The organization qual | ifies as a publicly s | upported organizat | tion | | | | ▶ ☑ |
| ŀ | 33 1/3% support test—2016. If th | - | | • | ina iine 15 is 33 1/ | 3% or m | iore, check | _ |
| . – | box and stop here. The organization | | | | o 10 16a 16b | - سالمم | . 1.4 | ▶□ |
| 17 | a 10%-facts-and-circumstances test is 10% or more, and if the organization | | | | | | | |
| | in Part VI how the organization meets | | | | | | | |
| | organization - | | | | | | | ightharpoons |

10%-facts-and-circumstances test-2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Р | art III Support Schedule fo | | | | | _ | _ |
|-----|---|-------------------------|----------------------------|----------------------------|--------------------|-------------------|----------------|
| | (Complete only if you o | | | | | | er Part II. If |
| | the organization fails to ection A. Public Support | o quality under | the tests listed | pelow, please co | ompiete Part II. |) | |
| | Calendar year | | | | | | <i>(</i> 0 =) |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| 2 | organization's tax-exempt purpose Gross receipts from activities that are | | | | | | |
| 3 | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| 5 | to or expended on its behalf The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| _ | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| | Add lines 7a and 7b Public support. (Subtract line 7c | | | | | | |
| 8 | from line 6) | | | | | | |
| Se | ection B. Total Support | | l | L | | l | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (0) 2014 | (0) 2013 | (d) 2010 | (e) 2017 | (I) Iotai |
| 9 | | | | | | | |
| 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 | | | | | | |
| 12 | regularly carried on Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | | | | | | | |
| 14 | 11, and 12) First five years. If the Form 990 is for | r the organization | ı n's fırst. second. tl | ı nırd. fourth, or fıft | h tax vear as a se | ction 501(c)(3) o | rganization. |
| | check this box and stop here | | , | ,,, | , | | ▶ □ |
| Se | ection C. Computation of Public | Support Perce | entage | | | | |
| 15 | Public support percentage for 2017 (li | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2016 | Schedule A, Part I | II, line 15 | | | 16 | |
| | ection D. Computation of Invest | ment Income | Percentage | | | <u> </u> | |
| 17 | Investment income percentage for 20 | | | line 13, column (f | f)) | 17 | |
| 18 | Investment income percentage from 2 | 2016 Schedule A, | Part III, line 17 | | | 18 | |
| | 331/3% support tests—2017. If the | | | on line 14, and lir | ne 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and | | | | | | ▶□ |
| | 33 1/3% support tests—2016. If the | • | | | | | · — |
| , | not more than 33 1/3%, check this bo | - | | | * | | ▶□ |
| 20 | Private foundation. If the organizati | - | - | | · · · · · - | | ▶□ |
| | | and the control of | | | | | . — |

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

| | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | | |
|----|---|----|---|--|
| | describe the designation if historic and continuing relationship, explain | 1 | İ | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | | | |
| | in section 309(a)(1) or (2) | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) | | | |
| | below | 3a | İ | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | | |
| | determination | 3b | | |

| the p dete c Did t | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | · | | |
|--------------------------|--|----|--|--|
| | determination | 3b | | |
| | Old the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use | | | |
| 4a | Nas any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b in Part I, answer (b) and (c) below | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |

| | | | | 3. |
|----|---|----|---------------|----|
| c | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | - | | |
| | | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | checked 12a or 12b ın Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or | | $\overline{}$ | |
| | supervised by or in connection with its supported organizations | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections | | | |
| | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | | $\overline{}$ | |
| | | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and | | | |

| | | | , , | |
|----|---|----|-----|--|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | | |
| | cnecked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | checked 12a or 12b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the | | | |
| | | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes | | | |
| 5a | (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the | | | |
| | organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | |

| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing | | |
|---|--|---|--|
| | organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a | | |
| | substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | | |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," | | |
|----|---|---|---|
| | complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as | | i |

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

| Pa | rt IV Supporting Organizations (continued) | | | -9 |
|----|---|-----|---------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | |
| | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 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 Part VI 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 | | | |
| _ | | 1 | | |
| 2 | 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization | 2 | | |
| 5 | ection C. Type II Supporting Organizations | | | |
| | cetion c. Type 11 Supporting Organizations | | Yes | No |
| 1 | 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 Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| S | ection D. All Type III Supporting Organizations | | | |
| 1 | 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? | | Yes | No |
| | | 1 | | |
| 2 | 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | 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 Part VI the role the organization's supported organizations played in this regard | 3 | | |
| s | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a 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 Part VI 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 | 2a | | |
| | 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a 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? <i>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | <u> </u> |
|----|--|----------|
| 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 | Total annual distributions. 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 2017 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| 8 | Distributions to attentive supported organizations to wh details in Part VI) See instructions | | | |
|----|---|-----------------------------|--|---|
| 9 | Distributable amount for 2017 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-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| | | | | |

| details in Part VI) See instructions | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (i) | (i) (ii) Underdistributions | | | | | |

| 9 Distributable amount for 2017 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-2017 | (iii) Distributable Amount for 2017 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | _ |
| d From 2015 | | | |

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

| c Remainder Subtract lines 4a and 4b from 4 | | |
|--|--|--|
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | |
| 7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c | | |

| lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | |
|---|--|--|
| 7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c | | |
| 8 Breakdown of line 7 | | |
| a Excess from 2013 | | |
| b Excess from 2014 | | |
| c Excess from 2015 | | |

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 94-2889684

Name: Earth Island Institute Inc

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)

Facts And Circumstances Test

DLN: 93493073009139 **Political Campaign and Lobbying Activities** OMB No 1545-0047 SCHEDULE C (Form 990 or 990-

EZ)

Department of the Treasury

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

| пеш | www.irs.gov/form990. | | | | | |
|-------|--|----------|----------------|-------------|---------------|-------------|
| f the | organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Politic | al Cam | paig | n Act | ivities), the | n |
| | ection 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 com- | plete Pa | art I-E | 3 | | |
| | Section 527 organizations Complete Part I-A only | | . 4:4. | | L | |
| | organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobb Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part | | | | | 2 |
| | Section 501(c)(3) organizations that have filed Form 5766 (election under section 501(h)). Complete Part Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete | | | | | |
| | e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions | | | | | |
| | (y Tax) (see separate instructions), then | , 0 0. | | ,o-LL | , | |
| | Section 501(c)(4), (5), or (6) organizations Complete Part III | | | | | |
| Nar | ne of the organization | mploy | er id | entifi | cation num | nber |
| Eart | h Island Institute Inc | | | | | |
| | | 4-2889 | | | | |
| Par | I-A Complete if the organization is exempt under section 501(c) or is a section | 527 o | rga | nizat | ion. | |
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (se "political campaign activities") | e ınstru | ction | s for o | definition of | |
| 2 | Political campaign activity expenditures (see instructions) | | > | \$_ | | |
| 3 | Volunteer hours for political campaign activities (see instructions) | | | | | |
| Par | T-B Complete if the organization is exempt under section 501(c)(3). | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | | > | \$_ | | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | | > | \$_ | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | | | ☐ Yes | ☑ No |
| 4a | Was a correction made? | | | | ☐ Yes | ✓ No |
| L | TE "Von " denougles in Dark TV | | | | □ 1e3 | L 140 |
| b | If "Yes," describe in Part IV II-C Complete if the organization is exempt under section 501(c), except section | n 501/ | 'c\(' | 31 | | |
| | | | <u>. c.)(.</u> | ٠,٠ | | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | 5 1 | > | \$ <u>_</u> | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 e | xempt . | | _ | | |
| | function activities | 1 | • | \$ <u>_</u> | | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | | > | \$_ | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | | ☐ Yes | □ No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organ organization made payments. For each organization listed, enter the amount paid from the filing organization. | | | | | amount |

| of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | | | | | | | | | |
|--|-------------|---------|--|--|--|--|--|--|--|
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| | | | | | | | | | |

25,917

19,140

11,517

20,112

Schedule C (Form 990 or 990-EZ) 2017

76,686

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2017

DLN: 93493073009139OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | me of the organization th Island Institute Inc | | | Employer identification no | umber |
|-----|--|---|---|---------------------------------------|----------|
| ∟dſ | an Island Institute Inc | | | 94-2889684 | |
| Pa | Organizations Maintaining Donor Advis Complete if the organization answered "Yes | | | Accounts. | |
| | | (a) Donor advise | | (b)Funds and other acc | counts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc | | s held in donor adv | _ | es 🗌 No |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | nor advisors in writing tha or donor advisor, or for a | at grant funds can b ny other purpose co | onferring impermissible | ′es 🗌 No |
| Pa | rt II Conservation Easements. Complete if the | e organization answer | ed "Yes" on Form | 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organ | ızatıon (check all that app | oly) | | |
| | \square Preservation of land for public use (e g , recreation | or education) | Preservation of an l | nistorically important land are | a |
| | ☐ Protection of natural habitat | | Preservation of a ce | ertified historic structure | |
| | ☐ Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a c | uualified conservation con | tribution in the form | n of a conservation | |
| _ | easement on the last day of the tax year | qualified conservation con | cribation in the for | Held at the End of t | the Year |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| С | Number of conservation easements on a certified historic | structure included in (a) | | 2c | |
| d | Number of conservation easements included in (c) acquir structure listed in the National Register | ed after 8/17/06, and no | t on a historic | 2d | |
| 3 | Number of conservation easements modified, transferred tax year ▶ | l, released, extinguished, | or terminated by the | he organization during the | |
| 4 | Number of states where property subject to conservation | easement is located >_ | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | | pection, handling o | f violations, | □ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspect ——————————————————————————————————— | ing, handling of violation | s, and enforcing cor | nservation easements during | the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, I ▶ \$ | nandling of violations, and | d enforcing conserv | ation easements during the y | ear |
| 8 | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$? | above satisfy the requirer | ments of section 17 | · · · · · · · · · · · · · · · · · · · | □ No |
| 9 | In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement | footnote to the organizati | | se statement, and | |
| Pai | t IIII Organizations Maintaining Collections of Complete if the organization answered "Yes | | | er Similar Assets. | |
| 1a | If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance. | public exhibition, education | n, or research in fu | | rks of |
| b | If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for publi following amounts relating to these items | | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ | |
| ľ | ii)Assets included in Form 990, Part X | | | · ▶ \$ | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under SFAS 1 | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | |
| b | Assets included in Form 990, Part X | | | ▶ \$ | |
| | Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Cat No. ¹ | 52283D Schedule D (Form | n 990) 2 |

| Sche | edule D (Form 990) 2017 | | | | | | | | | | Page 2 |
|------|---|----------------|-------------------|-----------|---------|------------|-------------|-------------|-----------------|----------|---------------|
| Par | t III Organizations Maintaining Col | lections o | f Art, Histor | ical T | reasu | ires, or | Other : | Similar A | ssets (conti | nued) | |
| 3 | Using the organization's acquisition, accession items (check all that apply) | n, and other | records, check | any of | the fol | llowing ti | hat are a | significant | use of its coll | ection | |
| а | Public exhibition | | d | | Loan | or excha | ange prog | rams | | | |
| b | Scholarly research | | е | | Other | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's col Part XIII | lections and | explain how th | ey furtl | ner the | e organız | atıon's ex | empt purpo | ose in | | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | | | | | | | ılar | ☐ Yes | □ N | 0 |
| Pa | rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | on Form 99 | O, Part | IV, lıı | ne 9, or | reporte | d an amo | unt on Forn | າ 990, | Part |
| 1a | Is the organization an agent, trustee, custodi included on Form 990, Part X? | an or other II | ntermediary fo | r contri | butions | s or othe | er assets r | not | ☐ Yes | □ N | о |
| ь | If "Yes," explain the arrangement in Part XIII | and comple | e the following | ı tahle | | Г | | | Amount | | _ |
| c | Beginning balance | and comple | e the following | , table | | ŀ | 1c | | Amount | | _ |
| d | Additions during the year | | | | | ŀ | 1d | | | | _ |
| е | Distributions during the year | | | | | ŀ | 1e | | | | _ |
| f | Ending balance | | | | | Ī | 1f | | | | _ |
| 2a | Did the organization include an amount on Fo | rm 990, Part | : X, line 21, for | escrow | or cu | stodial a | ccount lia | bility? | Yes | □ N | _ |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| Pa | irt V Endowment Funds. Complete if | | | | | | | | | | |
| | December of warming lands | (a)Current | year (b) | Prior yea | r | (c)Two ye | ears back | (d)Three ye | ears back (e) | our yea | rs back |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses Grants or scholarships | | | | _ | | | | | | |
| | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent vear end | balance (line 1 | .a, colu | mn (a) |)) held as | I S | | | | |
| а | Board designated or quasi-endowment ► | , | (| J, | | ,, | | | | | |
| ь | Permanent endowment ▶ | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100 | % | | | | | | | | |
| 3а | Are there endowment funds not in the posses organization by | ssion of the o | rganization tha | at are h | eld and | d admını | stered for | the | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| | If "Yes" on 3a(II), are the related organization | | • | | | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | 's endowment | funds | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipmer Complete if the organization answ | | on Form 99 |) Part | TV lu | ne 11a | See For | m 990 Pa | art X line 1 | n | |
| | Description of property (a) Cost or oth (investment) | ner basis | (b) Cost or other | | | | | epreciation | | ook valu | e |
| 12 | Land | | | 62 | 28,628 | | | | | | 628,628 |
| | Buildings | | | | 51,951 | | | 24,443 | | | 27,508 |
| | Leasehold improvements | | | | 58,848 | | | 403,320 | | | 365,528 |
| | Equipment | | | | 20,975 | | | 20,975 | | | <u> </u> |

154,500

1,176,164

96,985

251,485

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

| Schedule D (Form 990) 2017 Part VII Investments—Other Securities. Complete if the | organizat | tion answ | vered "Yes" or | Form 990 |) Part IV lin | Page 3 |
|---|------------|----------------------|------------------|---------------|----------------------------------|----------------|
| See Form 990, Part X, line 12. | organiza | | vereu ies oi | | | = IID. |
| (a) Description of security or category (including name of security) | | (b) Book value | Cos | | d of valuation year market va | alue |
| (1) Financial derivatives | | value | | | | |
| (2) Closely-held equity interests (3)Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | | | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on For | | | ne 11c. See F | | | 3. |
| (a) Description of investment | (B) B | ook value | Cos | | d of valuation year market va | alue |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | | | | |
| Part IX Other Assets. Complete if the organization answered 'Y | es' on For | m 990, Pa | rt IV, line 11d | See Form 9 | | 15 ok value |
| (1) Deposit for land purchase | | | | | (6) 50 | 2,100,000 |
| (2) Security Deposit for Office (3) Wetland Restoration Trust Fund | | | | | | 28,556 |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | | | | 2,128,556 |
| Part X Other Liabilities. Complete if the organization and | swered 'Y | es' on Fo | rm 990, Part | IV, line 11 | e or 11f. | 2,120,330 |
| See Form 990, Part X, line 25. 1. (a) Description of liability | | (b) B | ook value | | | |
| (1) Federal income taxes | | | | | | |
| (2) | | | | _ | | |
| (3) | | | | _ | | |
| (4) | | | | - | | |
| | | | | - | | |
| (5) | - | | | - | | |
| (6) | | | | - | | |
| (7) | | | | - | | |
| (8) | | | | - | | |
| (9) | | | | <u> </u> - | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the second of the secon | | | | | | |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740 | D) Check h | nere if the | text of the foot | note has be | en provided in | Part XIII 🗹 |

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Add lines 2a through 2d

Subtract line **2e** from line **1**

Donated services and use of facilities . . .

Other losses

Add lines 2a through 2d . . .

Prior year adjustments

Other (Describe in Part XIII)

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Part XI

2

b

d

е 3

Schedule D (Form 990) 2017

1

2e

3

1.041.403

109.975

1.041.403

109,975

2e

Page 4

1,151,378

14,352,706

1,151,378

Schedule D (Form 990) 2017

| а | Investment expenses not included on Form 990, Part VIII, line /b . | 4a | | | | | | |
|-----|---|----|---|---|----------|---------|------|------------|
| b | Other (Describe in Part XIII) | 4b | | | | | | |
| c | Add lines 4a and 4b | | | | | 40 | : | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | | 5 | | 14,352,706 |
| Par | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part | | | | penses p | er Retu | ırn. | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | • | • | | _ 1 | | 11,454,770 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | | | | |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a 2b

2c

2d

| 3 | Subtract line 2e from line 1 | 3 | 10,303,392 |
|---|---|----|------------|
| 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 XIII) | | |
| _ | Add lines 45 and 4h | 4. | |

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

10.303.392 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

| Page 5 | | Schedule D (Form 990) 2017 | | | |
|---------------|----------------------|-----------------------------|--|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | | |
| | Explanation | Return Reference | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 94-2889684

Name: Earth Island Institute Inc

Supplemental Information

| | Return Reference | Explanation |
|--------|------------------|---|
| Part X | FIN48 Footnote | The Institute is an exempt corporation under Section 501(c)(3) of the Internal Revenue Cod e and 23701(d) of the Revenue and Taxation Code and, therefore, has made no provision for Federal or California income taxes. The Institute adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Institute has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Institute has elect ed to utilize Section 501(h) of the Internal Revenue Code, which allows limited lobbying a ctivities by Section 501(c)(3) nonprofit organizations. The Institute believes that income tax filing positions will be sustained upon examination and does not anticipate any adjust ments that would result in a material adverse effect on the Institutes financial condition, results of operations or cash flows. Accordingly, the Institute has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at June 30, 2018. The Institute is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. |

| Supplemental Information | |
|---|-------------------------------|
| Return Reference | Explanation |
| Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990 | Fundraising Expenses \$109975 |

| Supplemental Information | |
|---|-------------------------------|
| Return Reference | Explanation |
| Part XII, Line 2d Other expenses and losses per audited F/S | Fundraising Expenses \$109975 |

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| efile GRAPHIC print | t - DO NOT PRO | T PROCESS As Filed Data - | | | | DLN: | DLN: 93493073009139 | | |
|--|--|---|--|--|----------------|---|--|--|--|
| SCHEDULE F (Form 990) | | ent of | Activities (| Outside the Uni | tates | OMB No 1545-0047 | | | |
| (1 01111 330) | ► Complete if | ete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1 Attach to Form 990. | | | | 5, or 16. | 2017 | | |
| Department of the Treasury Internal Revenue Service | ► Information a | about Sche | dule F (Form 990) a | and its instructions is at wv | vw.irs.gov | /form990. | Open to Public Inspection | | |
| Name of the organization | | | | | | Employer ident | tification number | | |
| Earth Island Institute Inc | | | | | | 94-2889684 | | | |
| | Information on A Part IV, line 14b | | s Outside the U | Inited States. Comple | te If the | organization ar | nswered "Yes" to | | |
| other assistance, to award the gran | the grantees' eligil its or assistance? s. Describe in Part | bility for th | ne grants or assis | substantiate the amount stance, and the selection dures for monitoring the | criteria | used | ☐ Yes ☑ No er assistance | | |
| 3 Activites per Region | n (The following Pa | rt I, line 3 | table can be dupli | cated if additional space is | needed j |) | | | |
| (a) Region | | Number of ices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program spe | vity listed in (d) is a service, describe ecific type of ce(s) in region | (f) Total expenditures for and investments in region | | |
| (1) See Add'l Data | | | | | | | | | |
| (2) | | | | | | | , | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| 3a Sub-total b Total from continual Part I | tion sheets to | | 75 | | | | 634,147 | | |
| c Totals (add lines 3a | | | 75 | | No 5008 | 211/ | 634,147 e F (Form 990) 2017 | | |

1 (a) Name of

(b) IRS code

(c) Region

(i) Method of

| organization | section and EIN (if applicable) | grant | cash grant | cash disbursement | of non-cash assistance | of non-cash assistance | valuation (book, FMV, appraisal, other) |
|------------------------|---------------------------------------|-------|------------|----------------------|---------------------------|---------------------------|---|
| (1) See Add'l Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | Schedule | F (Form 990) 2017 |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| | | | | | | | |

(e) Amount of

(f) Manner of

(g) Amount

(h) Description

(12)

(13) (14)

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

(15)

(16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

| Part IIII Grants and O | ther Assistance to | Individuals | Outside the Unite | d States. Complete if | the organization an | swered "Yes" to Form 9 | 90, Part IV, line 16. | | | |
|---------------------------------|---|--------------------------|-----------------------------|------------------------------------|--|--|---|--|--|--|
| Part III can be | Part III can be duplicated if additional space is needed. | | | | | | | | | |
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |

| Sche | dule F (Form 990) 2017 | | Page 4 |
|------|---|-------------|---------------|
| Pai | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | □Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | □Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | ☐Yes | ✓ No |
| | Schedul | e F (Form 9 | 990) 2017 |

| Schedule Fi | (Form 990) 2017 | Page ! |
|-------------|----------------------------|--|
| Part V | amounts of investments vs. | uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide |
| | ReturnReference | Explanation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule F (Form 990) 2017

Additional Data

East Asia etc

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 94-2889684

Name: Earth Island Institute Inc

Supplemental info

70,891

| Form | 990 | Schedule F | Part T | - Activities | Outside | The U | nited States |
|------|-----|-------------|--------|--------------|----------------|---------|--------------|
| | 220 | JCIICUUIC I | raiti | - MCCIAICICS | Outside | 1110 01 | ilica Juaces |

| (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) | describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------|---|--|--|--|--------------------------------------|
| Central America & Caribbean | n | 3 | Program | Supplemental info | 34,291 |

11 Program

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Fast Asia etc. 5 Grants made 62.000 Europe 22 |Program Supplemental info 40,368

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 6 Program |Supplemental info 27.737 North America 2 |Grants made 9,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) |Supplemental info 67,261 Russia etc. 7 |Program Russia etc 1 Grants made 21,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia |Supplemental info 1 |Program South Asia 1 Grants made 15,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa |Supplemental info 28.225 7 |Program Sub-Saharan Africa 9 Grants made 258,304

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code l (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia etc 10,000 Wire trans General Isupport East Asia etc 10.000 Wire trans General

support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code l (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia etc 10,000 Wire trans General Isupport East Asia etc 22,500 Wire trans General

support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia etc 9,500 Wire trans lGeneral Isupport North America |General 5.000 Wire trans support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code l (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 21,000 Wire trans Russia etc General support South Asia 15.000 Wire trans General

support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Sah 10,263 Wire trans General Africa Support Sub-Sah 12.000 Wire trans General

Africa

Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash íbook, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Sah 123,689 Wire trans |General Africa Support

Sub-Sah 20,000 Wire trans General

Support

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Sah 32,000 Wire trans General Africa Support Sub-Sah 37.732 Wire trans General

Africa

Support

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Info

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

DLN: 93493073009139

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organizat

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

Name of the organization **Employer identification number** Earth Island Institute Inc 94-2889684 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations ✓ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes 🗸 No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (ii) Activity fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? No Yes 1 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **Plastic Pollution** Brower Youth (add col (a) through Coalition Award (total number) col (c)) (event type) (event type) Revenue 1 Gross receipts. 382,797 68,829 451,626 2 Less Contributions. 363,327 64,554 427,881 3 Gross income (line 1 minus 19,470 4,275 line 2) 23,745 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 6,381 6,381 7 Food and beverages 36,017 16,206 52,223 8 Entertainment 800 800 Other direct expenses 40,998 9,573 50,571 10 Direct expense summary Add lines 4 through 9 in column (d) 109,975 11 Net income summary Subtract line 10 from line 3, column (d) . . . -86,230 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

| Sche | dule G (Form 990 or 990-EZ) 2017 | | | | F | Page 3 |
|------|---|--|------------|------|-----|---------------|
| 11 | Does the organization conduct gaming | activities with nonmembers? | | Yes | □No | |
| 12 | Is the organization a grantor, beneficial formed to administer charitable gaming | ry or trustee of a trust or a member of a partnership or other entit | ΣY | □Yes | □No | |
| 13 | Indicate the percentage of gaming acti | vity conducted in | | | | |
| а | The organization's facility | | 13 | a | | % |
| b | An outside facility | | 13 | ь | | % |
| 14 | Enter the name and address of the per | son who prepares the organization's gaming/special events books | and record | s | | |
| | Name ► | | | | | |
| | Address • | | | | | |
| 15a | Does the organization have a contract revenue? | with a third party from whom the organization receives gaming | | □Yes | □No | |
| Ь | | evenue received by the organization ► \$ a the third party ► \$ | and the | | | |
| c | If "Yes," enter name and address of the | e third party | | | | |
| | Name • | | | | | |
| | Address ► | | | | | |
| 16 | Gaming manager information | | | | | |
| | Name ► | | | | | |
| | Gaming manager compensation ▶ \$ | ······································ | | | | |
| | Description of services provided ► | | | | | |
| | ☐ Director/officer | ☐ Employee ☐ Independent contractor | | | | |
| 17 | Mandatory distributions | | | | | |
| а | Is the organization required under state retain the state gaming license? | e law to make charitable distributions from the gaming proceeds to |) | □Yes | Пио | |
| b | Enter the amount of distributions requing the organization's own exempt activities. | red under state law distributed to other exempt organizations or spities during the tax year > \$ | pent | 63 | | |
| Pai | | on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional | | | | s). |
| | Return Reference | Explanation | | | | |

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493073009139 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Earth Island Institute Inc 94-2889684 Part I **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 ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(6)

(7)

Explanation

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

Part IV

Return Reference

Additional Data

CREW

PO Box 1532 Ојаі, СА 93024

Coal Swarm Inc

1254 Utah Street San Francisco, CA 94110

77-0374392

82-2723327

| | | | ic governments |
|--|-------|----------------------------|--|
| (a) Name and address of (b) EIN (c) IRC se organization if applica | 1 . , | (e) Amount of non- cash | (f) Method of valuation (book, FMV, appraisal, |

| (a) Name and address of organization | (b) EIN | (c) IRC section If applicable | (d) Amount of cash grant | (e) Amount of non- cash | (f) Method of valuation (book, FMV, appraisa |
|--------------------------------------|---------|-------------------------------|-----------------------------|----------------------------|--|
| organización | | ii applicable | l Alanc | Casii | ' ' ' ' |
| or government | | | | accietance | l other) |

| 000 C-lI I- T P- I | | O.L | | | | | |
|---|--|-----|--|--|--|--|---|
| rm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
| | | | | | | | • |

5,759

150,000

General support

General support

| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza | tions and Domest | ic Governments. | | |
|--------------------------------------|----------------|-------------------------------|-----------------------------|----------------------------|--|--|-----|
| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) |
| | | | | | -444 | | |

| orm 990,Schedule I, Part II | I, Grants and | Other Assistance to | Domestic Organiza | tions and Domesti | ic Governments. | | |
|--|---------------|-------------------------------|-----------------------------|--|---|--|-------------------------|
| (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) Purpo or assista |

| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza | tions and Domesti | ic Governments. | | |
|--------------------------------------|----------------|-------------------------------|-----------------------------|----------------------------|--|--|------------------------------------|
| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |

| Name: Earth Island Institute Inc | |
|----------------------------------|---|
| | |
| | |
| | _ |

| Software Version. | 2017/2.2 |
|-------------------|----------------------------|
| EIN: | 94-2889684 |
| Name: | Earth Island Institute Inc |
| | |
| | |

| Software Version: | 2017v2.2 |
|-------------------|----------------------------|
| EIN: | 94-2889684 |
| Name: | Earth Island Institute Inc |
| | |

| Software ID: | 17005038 |
|-------------------|----------------------------|
| Software Version: | 2017v2.2 |
| EIN: | 94-2889684 |
| Name: | Earth Island Institute Inc |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 93-0880205 7.000 General support Ashland, OR 97520

General support

5,420

GEOS Institute 84 Fourth St

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Lake Baikal Heritage Fndn

2242 Fast 4th Street Tucson, AZ 85719

39-2061320

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 95-3677444 6.893 Mountain Restoration Trust General support 23075 Mulholland Hwy

General support

8,400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Calabasas, CA 91302

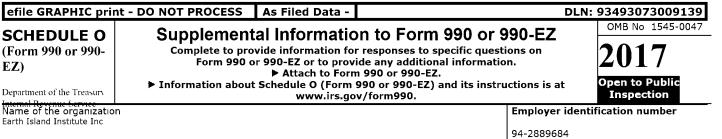
Oakland Unified School Dist

1926 East 19th St Oakland, CA 94606 94-6000385

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance West Oakland EnviorIndicator 51.075 20-2384563 General support 349 Mandela Parkway

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Oakland, CA 94607



| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 New Leaders InitiativesNew Leaders Initiative is a cutting edge and innovative youth program that identifies, trains, and supports young environmental lea ders in North America. The program administers the Brower Youth Awards, a prize recognizing the accomplishments of six outstanding youth leaders annually. This years recipients led projects ranging from pollinator conservation to climate justice and, in addition to a cash prize and public recognition, received coaching, training, and peer support. Bay Area I ocal programming also includes events designed to help youth activists gain a sense of community, build capacity, and express themselves through public speaking, visual arts, poetrly and music OTHER PROGRAM SERVICES 5 Earth Island Advocates Launched in October 2017, Ear th Island Advocates achieves tangible results for the environment through legal actions that combine the knowledge and expertise of our grassroots project network with the pro bono resources of law firms, legal clinics, and nonprofit organizations. Over the past year, A dvocates has helped develop ten legal actions on behalf of eight different grassroots projects that cover a wide range of issues from animal welfare to conservation to toxics, and much more in most of these cases, Advocates has obtained pro bono legal services from law firms, legal clinics, or other non-profits. Advocates is currently working with more than a dozen pro bono partners and has obtained pro bono legal services will also a property of the property of the past year. Propects were inactive during all or part of FY 2018. This includes 7 new projects and 4 that either spun-off to become independent organizations or closed down. These projects were inactive during all or part of fiscal year 2018. FOOD SYSTEMS Cultivate Oregon is raising awareness about the socio-political and health implications of pesticide-intensive transgenic crops, while also strengthening see diversity, cultural connections to food, and urban and rural alliances. Food Sh |

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | to connect and inspire eaters to social actions CLEAN ENERGY & CLIMATE CHANGE Covenant Sol ar Initiative ~ works to eliminate poverty, diminish climate change, and create thriving i ndigenous communities with the clean and regenerative power of solar CoalSwarm** serves a s an information clearinghouse for the worldwide clean energy movement. EcoEquity is a sma II, activist think tank working to inform the international climate equity debate by produ cing political and economic analyses and developing practical policy proposals nergieRich offers global solutions for energy access, food sustainability, technology acquisition and employment, by establishing local production of innovative renewable energy powered products HBCU Green People** (formerly HBCU Green Fund) educates students at historically bla ck colleges and universities about environmental sustainability CONSERVATION, PRESERVATION, & RESTORATION Altai Project protects the natural and cultural heritage of the Altai a un iquely diverse, mountainous region of southern Siberia through small grants, professional exchanges, and joint projects with indigenous partners. Armenia Environmental Network prom otes sound environmental policymaking and enforcement, stakeholder education and participa tion, and sustainable development. Baikal Watch aims to help nurture the growing environmental movement in northeast Asia California Urban Stream Partnership (formerly Urban Creek's Coalition and Urban Stream Alliance) works to protect, restore, and steward urban stream's and watersheds in California They advocate for the improvement of habitat and the retur n of functioning ecosystems. Center for Ecosystem Restoration improves communities through projects that restore land and water, strengthen local economies, and foster civic engage ment. Global Trails Alliances** mission is to identify, inform, and inspire trail visionar ies expanding the environmental, cultural, health and economic benefits of trails worldwide. Guias Unidos works to inspire community based, conserv |

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | and publishing articles, essays, and editorials on a variety of natural resource/environm ental topics. Serengeti Watch (formerly Save the Serengeti) is building a strong coalition of support, advocacy, and funding for the Serengeti ecosystem, the people living near it, and adjacent reserves and protected areas. South Coast Habitat Restorations mission is to protect, conserve, and restore the various habitats and native biodiversity of the Santa Barbara and Ventura areas. Wild Oyster Project is bringing native oysters back to the San Francisco Bay through restoration, community engagement, and thoughtful urban planning. Wild Heritage ~ works to safeguard ecosystem by advocating for primary forest and protecting wilderness protection around the world. Wild Hope publishes stories and images that raise awareness of the need to preserve our biodiversity heritage and inspire readers to get in volved in protecting other species from extinction. ENVIRONMENTAL EDUCATION Bay Area Wilderness Training creates opportunities for youth from the San Francisco Bay Area to experien ce wilderness first hand. To this end, they train teachers and youth workers, provide outdoor gear loans, give financial support, and foster community collaboration. Children in Na ture. Collaborative is part of a network of regional movements across the country focused on helping people to create healthier lives and more vibrant communities through restoring their relationship with nature and each other. EcoVillage Farm Learning Center works towar ds the creation of a healthy environment and socially/economically just society for present and future generations. Junior Wildlife Rangers (formerly National Junior Refuge Rangers) propels childhood curiosity into lasting environmental stewardship through education and engagement with our public lands system. Kids for the Bay (formerly Estuary Action Challe nge) collaborates with teachers to inspire environmental consciousness in children and cultivate a love of learning. They are committed to equal acces |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Barbara and Ken Brower are board members and sister and brother |

Return
Reference

Form 990, A copy of the draft tax return is e-mailed to members of the board for review before filing

Part VI, Line 11b Form 990 Review Process

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | We require our Board and Executive Director 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 |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | Earth Island Institute Policy for Board Approval of CompensationThe Executive Director of Earth Island Institute is the principal representative of Earth Island Institute, Inc., and the person responsible for the efficient operation of the organization. Therefore, it is the desire of Earth Island Institute to provide a fair yet reasonable and not excessive compensation for the Executive Director and other highly compensated employees and consultants. The annual process for determining compensation is as follows. Earth Island Institute's full board shall annually evaluate the Executive Director on his/her performance, and ask for his/her input on matters of performance and compensation Board Approval. A Board Evaluation Committee will collect research and information in order to make a recommendation to the full board for the compensation (salary and benefits) of the Executive Director and other highly compensated employees or consultants based on a review of comparability data. For example, the Committee will secure data that documents compensation levels and benefits for similarly qualified individuals. In comparable positions at similar organizations. This data may include the following 1 Salary and benefit compensation studies by independent sources, 2 Written job offers for positions at similar organizations, 3 Documented telephone calls about similar positions at both nonprofit and for-profit organizations, and4 Information obtained from the IRS Form 990 filings of similar organizations Concurrent Documentation. To approve the compensation for the Executive Director and other highly compensated employees and consultants the board must document how It reached its decisions, including the data on which It relied, in minutes of the meeting during which the compensation was approved. Documentation will include a) A description of the compensation and benefits and the date it was approved, b) The members of the board who were present during the discussion about compensation and benefits, and the results of the |

990 Schedule O, Supplemental Information

Return Explanation

| Reference | · |
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| 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 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493073009139 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Earth Island Institute Inc. 94-2889684 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) 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. (f) (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b)

or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)David Brower Center Office Rental to Other CA 501(C)(3) 11A NA No 2150 Allston Way Suite 100 INPOS Berkeley, CA 94704 94-3385643 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

| (a) Name, address, and EIN of related organization | | activity domicile controlling income (state entity or foreign country) section | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | ited, total income d, rom er | (g) Share of e end-of-year assets | | | amount in box manag 20 of partne Schedule K-1 (Form 1065) | | ral or Perce ging owner ner? | (k) Percent owners | | |
|--|----------------------|--|---|---------------------------------------|--|---|--|--|-----------------------------------|------------------------------------|--------------------------|--------------------|-----------------------------------|
| | | | | | | | | Yes | No | | Yes | No | |
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| Identification of Related Organizated because it had one or more related o | | | | | | ation answ | vered "Yes | " on Fo | orm 99 | 90, Part IV, | line . | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | L | (c) egal micile or foreign | Direct | (d) controlling Type entity (C co | (e) e of entity rp, S corp, r trust) | (f) Share of total Income | | (g) of end-o year assets | of- Percei owne | ntage | [(13 | (ı) tion 5) cont entity |
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| Schedule K (Form 990) 2017 | | Pag | ge 3 |
|--|------------|-----|-------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 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? | | | |
| a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k ' | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o Sharing of paid employees with related organization(s) | 10 | | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | | No |
| r. Other transfer of each or property to related organization(c) | 1. | | No |

| l Performance of services or membership or fundraising solicitations for related organization(s) \dots | | | | 11 | No | |
|---|----------------------------------|------------------------|---------------------------------|---------------------------------------|----|--|
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | No | |
| f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | No | |
| o Sharing of paid employees with related organization(s) | | | | 10 | No | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | No | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | No | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | No | |
| f s Other transfer of cash or property from related organization(s) | | | | 1s | 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 r | elationships and tra | nsaction thresholds | | _ | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining an | (d) of determining amount involved | | |
| (1)David Brower Center | k | 276,528 | FMV | | | |

Schedule R (Form 990) 2017

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) Predominant income (related, unrelated, excluded from tax under sections 512- | section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partner section 501(c)(3) organizations | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners Share of section total 501(c)(3) income organizations? | | Share of Share of total end-of-year | Share of total | end-of-year | end-of-year | end-of-year | end-of-year | end-of-year | end-of-year | end-of-year | end-of-year | end-of-year | Share of Share of total end-of-year | (h) Disproprtionate ar allocations? | | Disproprtionate | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General d managin partner | g l | (k) Percentage ownership |
|--|--------------------------------|---|---|----------------------------------|----|---|--|--|----|---|-----------|---|---------|---|--|---|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------------------|---|--|-----------------|--|--|--|-----|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | |
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Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017