

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2016** calendar year, or tax year beginning and ending

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br><b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>   | <b>D</b> Employer identification number<br><b>94-2578166</b>  |
| <input type="checkbox"/> Address change   | Doing business as  | <b>E</b> Telephone number<br><b>202-232-7933</b>  |
| <input type="checkbox"/> Name change  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2000 M STREET, NW, 650</b>   |   |
| <input type="checkbox"/> Initial return   | City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20036</b>  | <b>G</b> Gross receipts \$ <b>3,075,435.</b>  |
| <input type="checkbox"/> Final return/terminated  | <b>F</b> Name and address of principal officer: <b>DAVID MILLER</b><br><b>SAME AS C ABOVE</b>  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
| <input type="checkbox"/> Amended return   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <input type="checkbox"/> Application pending  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | <b>H(c)</b> Group exemption number ▶  |
| <b>J</b> Website: ▶ <b>WWW.ISLANDPRESS.ORG</b>  |  | <b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>CA</b>   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  |   |

| Part I Summary                     |   |   |   |
|------------------------------------|---|---|---|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE THE LATEST INFORMATION AND THE BEST IDEAS TO THOSE WORKING TO SOLVE</b> |   |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                           |   |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> 15   |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 14   |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | <b>5</b> 31   |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)  | <b>6</b> 0  |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b> 0.  |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b> 0.  |   |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)   | Prior Year: 1,262,367. Current Year: 1,256,367.               |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)  | 2,212,972. 1,792,551.   |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0. 1,090.   |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 9,004. 25,427.  |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3,484,343. 3,075,435.   |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 15,000. 46,360.   |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)   | 0. 0.   |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 2,123,556. 2,244,341.   |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)   | 0. 20,250.  |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>430,568.</b>   |   |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 2,470,274. 2,456,497.   |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,608,830. 4,767,448.   |   |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                      | -1,124,487. -1,692,013.   |   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)  | Beginning of Current Year: 4,929,097. End of Year: 3,178,266. |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)   | 632,515. 573,697.   |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20  | 4,296,582. 2,604,569.   |

**Part II Signature Block**

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

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | Signature of officer<br><b>DAVID MILLER, PRESIDENT</b>                       | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>CHARLES R. DEPPE</b>                        | Preparer's signature  |
|                               | Firm's name ▶ <b>MATTHEWS, CARTER &amp; BOYCE</b>                            | Date  |
|                               | Firm's address ▶ <b>12500 FAIR LAKES CIRCLE, SUITE 260 FAIRFAX, VA 22033</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P01300682</b> |
|                               |  | Firm's EIN ▶ <b>54-1487262</b>  |
|                               |  | Phone no. <b>703-218-3600</b>   |

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**SEE SCHEDULE O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,606,761. including grants of \$ ) (Revenue \$ 1,184,876.)  
**RESEARCH AND PUBLICATION**

SINCE 1984, ISLAND PRESS BEEN PUBLISHING THE BEST NEW IDEAS ON SCIENCE AND THE ENVIRONMENT AND WORKING TO SPREAD THOSE IDEAS TO HELP PEOPLE MAKE A POSITIVE DIFFERENCE IN THE WORLD. AT THE CORE OF OUR WORK IS THE BELIEF THAT IDEAS ARE ENGINES OF CHANGE: THEY SPARK INNOVATION AND DRIVE POLICY. YET WHEN ENVIRONMENTAL SOLUTIONS ARE HELD IN THE MINDS OF A FEW EXPERTS, PRACTITIONERS CANNOT ACCESS OR APPLY THEM. ISLAND PRESS PLAYS AN ESSENTIAL ROLE IN OVERCOMING THAT OBSTACLE--WE DISCOVER, SHAPE, AND AMPLIFY IDEAS THAT NEED TO BE HEARD.

4b (Code: ) (Expenses \$ 823,780. including grants of \$ ) (Revenue \$ 607,675.)  
**MARKETING, COMMUNICATION, AND DISTRIBUTION**

ISLAND PRESS DISSEMINATES AND COMMUNICATES INFORMATION ON ENVIRONMENTAL ISSUES AND SOLUTIONS THROUGH BOOK PUBLISHING AND SALES, AS WELL AS IN-PERSON AND ONLINE OUTREACH TO AUDIENCES. OUR BOOKS REACH SCIENTISTS, POLICYMAKERS, ENVIRONMENTAL ADVOCATES, STUDENTS, THE MEDIA, AND CONCERNED CITIZENS TO SHINE A SPOTLIGHT ON IMPORTANT ISSUES AND POTENTIAL SOLUTIONS TO THEM. ISLAND PRESS BOOKS ARE READ BY GOVERNMENTAL, PROFESSIONAL, AND NONPROFIT STAFF AND THEIR ORGANIZATIONS; BUSINESSES; STUDENTS AND PROFESSORS; AND GENERAL READERS INTERESTED IN ENVIRONMENTAL ISSUES.

4c (Code: ) (Expenses \$ 1,341,439. including grants of \$ 46,360.) (Revenue \$ )  
**PROGRAM SERVICES/TECHNICAL ASSISTANCE**

IN 2016, WE EMPHASIZED MORE DIRECT WORK WITH PROFESSIONAL ASSOCIATIONS AND OTHER PARTNERS TO BETTER DISSEMINATE OUR CONTENT TO THEIR MEMBERS AND BUILD THE CAPACITY OF PROFESSIONALS TO TACKLE ENVIRONMENTAL CHALLENGES. ONE WAY WE PARTNER FOR OUTREACH IS THROUGH OUR COLLABORATION WITH THE SECURITY AND SUSTAINABILITY FORUM (SSF), AN ONLINE LEARNING ORGANIZATION FOCUSED ON CLIMATE SECURITY. THE FORUM REACHES POLICYMAKERS AT ALL LEVELS OF GOVERNMENT, ACADEMICS, AND INDUSTRY AND NON-PROFIT PROFESSIONALS, WHICH ALIGNS WELL WITH ISLAND PRESS' OWN TARGET AUDIENCE. THE WEBINARS REACH 20,000 PEOPLE THROUGH SSF'S NETWORK OF PARTNER ORGANIZATIONS.

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

4e Total program service expenses **3,771,980.**

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  | X   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   | X   |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |

**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

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

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | X   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Form **990** (2016)

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

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

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

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1a</b> 15   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 14   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 202-232-7933**  
**2000 M. STREET, NW SUITE 650, WASHINGTON, DC 20036**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CHARLES C. SAVITT<br>PRESIDENT (LEFT 4/2016)           | 40.00   | X   |                       | X       |              |                              |        | 214,808.   | 0.  | 21,885.   |
| (2) TERRY GAMBLE<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) MELISSA (SHACKLETON) DANN<br>DIRECTOR                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) LISA A. HOOK<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) RON SIMS<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MARGOT ERNST<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) ANTHONY EVERETT<br>TREASURER                           | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) KATIE DOLAN<br>CHAIR                                   | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) STEPHEN BADGER<br>DIRECTOR (LEFT 11/2016)              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MERLOYD LUDINGTON LAWRENCE<br>DIRECTOR (LEFT 11/2016) | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) PAMELA MURPHY<br>VICE CHAIR                           | 2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (12) DECKER ANSTROM<br>DIRECTOR                            | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) SARAH SLUSSER<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) PAULA DANIELS<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) ALISON GREENBERG<br>DIRECTOR                          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) DAVID MILLER<br>PRESIDENT (EFFECTIVE 4/2016)          | 40.00   | X   |                       | X       |              |                              |        | 150,513.   | 0.  | 11,367.   |
| (17) ALISON SANT<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) DEBORAH WILEY<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) KEN HARTZELL<br>VP & CFO                                  | 40.00   |   |                       | X       |              |                              | 142,798. | 0.   | 8,166.  |   |
| (20) JULIE FILLERUP<br>VP SALES & MARKETING                    | 40.00   |   |                       | X       |              |                              | 93,638.  | 0.   | 827.  |   |
| (21) MEREDITH HARKEL<br>DEVELOPMENT DIRECTOR                   | 40.00   |   |                       | X       |              |                              | 80,502.  | 0.   | 5,002.  |   |
| (22) HEATHER BOYER<br>EXECUTIVE EDITOR                         | 40.00   |   |                       | X       |              |                              | 90,734.  | 0.   | 827.  |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 772,993. | 0.   | 48,074.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 772,993. | 0.   | 48,074.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| UNIVERSITY OF CHICAGO PRESS<br>1130 S LANGLEY AVENUE, CHICAGO, IL 60628   | FULFILLMENT SERVICES           | 266,205.            |
| WALSWORTH PUBLISHING COMPANY<br>7300 WEST JOY ROAD, DEXTER, MI 48130-9701 | PRINTING & BINDING             | 202,269.            |
| SHERIDAN BOOKS<br>613 E INDUSTRIAL DR, CHELSEA, MI 48118-1536             | PRINTING & BINDING             | 122,267.            |
|   |                                |                     |
|   |                                |                     |

**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 **3**



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**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|--|--|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |   |   |  |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |   |   |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |   |   |  |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  |                      |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>  | 1,256,367.           |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 1,256,367.           |   |   |  |  |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> <b>BOOK SALES</b> .....   | <b>Business Code</b><br>511130                                 | 1,792,551.           | 1,792,551.                                      |   |  |  |
|  | <b>b</b> .....   |  |                      |   |   |  |  |
|  | <b>c</b> .....   |  |                      |   |   |  |  |
|  | <b>d</b> .....   |  |                      |   |   |  |  |
|  | <b>e</b> .....   |  |                      |   |   |  |  |
|  | <b>f</b> All other program service revenue .....   |  |                      |   |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  | 1,792,551.           |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 1,090.               |   |   | 1,090.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |   |   |  |  |
|  | <b>5</b> Royalties .....   |  |                      |   |   |  |  |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal        |   |   |  |  |
|  |  | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |  |
|  |  | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) .....                     |                      |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |   |   |  |  |
|  |  | <b>c</b> Gain or (loss) .....                                  |                      |   |   |  |  |
|  |  | <b>d</b> Net gain or (loss) .....                              |                      |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |   |   |  |  |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |   |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |                      |   |   |  |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |                      |   |   |  |  |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |                      |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>   |  |                      |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |   |   |  |  |
| Miscellaneous Revenue  |  | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> <b>MISCELLANEOUS</b> .....                                     | 900099   | 25,427.  |                      |   | 25,427.                                 |  |  |
| <b>b</b> .....   |  |  |                      |   |   |  |  |
| <b>c</b> .....   |  |  |                      |   |   |  |  |
| <b>d</b> All other revenue .....   |  |  |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |  | 25,427.  |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                            |  | 3,075,435.   | 1,792,551.           | 0.  | 26,517.                                 |  |  |

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**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 46,360.               | 46,360.                         |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 821,066.              | 550,594.                        | 156,771.                               | 113,701.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 1,180,370.            | 791,537.                        | 225,375.                               | 163,458.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 103,347.              | 69,303.                         | 19,725.                                | 14,319.                     |
| 10 Payroll taxes  | 139,558.              | 93,584.                         | 26,647.                                | 19,327.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 20,250.               |                                 |  | 20,250.                     |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 804,520.              | 739,772.                        | 56,338.                                | 8,410.                      |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 50,610.               | 25,271.                         | 17,042.                                | 8,297.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 271,352.              | 208,421.                        | 30,229.                                | 32,702.                     |
| 17 Travel   | 216,649.              | 176,371.                        | 10,319.                                | 29,959.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 17,640.               | 13,226.                         | 2,443.                                 | 1,971.                      |
| 23 Insurance  | 57,917.               | 43,276.                         | 8,104.                                 | 6,537.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>COST OF BOOKS SOLD</b>   | 737,738.              | 737,738.                        |  |                             |
| b <b>PROMOTIONS</b>   | 306,683.              | 283,312.                        | 11,822.                                | 11,549.                     |
| c <b>BAD DEBT EXPENSE</b>   | 1,077.                | 904.                            | 85.                                    | 88.                         |
| d <b>SALES TAX AND FEES/DUES</b>  | -7,689.               | -7,689.                         |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 4,767,448.            | 3,771,980.                      | 564,900.                               | 430,568.                    |
| 26 <b>Joint costs.</b> 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)

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**Part X Balance Sheet**

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

|   |  | <b>(A)</b>        |            |            | <b>(B)</b>  |  |
|---|--|-------------------|------------|------------|-------------|--|
|   |  | Beginning of year |            |            | End of year |  |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 600.              | <b>1</b>   |            | 600.        |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,893,602.        | <b>2</b>   |            | 1,199,541.  |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 953,008.          | <b>3</b>   |            | 21,910.     |  |
|   | <b>4</b> Accounts receivable, net .....  | 514,346.          | <b>4</b>   |            | 328,433.    |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                   |            | <b>5</b>   |             |  |
|   | <b>6</b> 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 instr). Complete Part II of Sch L ..... |                   |            | <b>6</b>   |             |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                   |            | <b>7</b>   |             |  |
|   | <b>8</b> Inventories for sale or use .....   | 1,080,583.        | <b>8</b>   |            | 1,121,093.  |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 151,969.          | <b>9</b>   |            | 141,932.    |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 108,534.          | <b>10a</b> |            |             |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 70,581.           | <b>10b</b> |            |             |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                   |            | <b>11</b>  |             |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                   |            | <b>12</b>  |             |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                   |            | <b>13</b>  |             |  |
|   | <b>14</b> Intangible assets .....  |                   |            | <b>14</b>  |             |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 283,518.          | <b>15</b>  |            | 326,804.    |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 4,929,097.   | <b>16</b>         |            | 3,178,266. |             |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 341,626.          | <b>17</b>  |            | 332,430.    |  |
|   | <b>18</b> Grants payable .....   |                   | <b>18</b>  |            |             |  |
|   | <b>19</b> Deferred revenue .....   |                   | <b>19</b>  |            |             |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                   | <b>20</b>  |            |             |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                   | <b>21</b>  |            |             |  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                   |            | <b>22</b>  |             |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                   | <b>23</b>  |            |             |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                   | <b>24</b>  |            |             |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 290,889.          | <b>25</b>  |            | 241,267.    |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 632,515.          | <b>26</b>  |            | 573,697.    |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |            |            |             |  |
|   | <b>27</b> Unrestricted net assets .....  | 2,496,442.        | <b>27</b>  |            | 1,965,762.  |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 1,800,140.        | <b>28</b>  |            | 638,807.    |  |
|   | <b>29</b> Permanently restricted net assets .....  |                   | <b>29</b>  |            |             |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |            |            |             |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                   | <b>30</b>  |            |             |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | <b>31</b>  |            |             |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                   | <b>32</b>  |            |             |  |
| <b>33</b> Total net assets or fund balances .....                         | 4,296,582.   | <b>33</b>         |            | 2,604,569. |             |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 4,929,097.   | <b>34</b>         |            | 3,178,266. |             |  |

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**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 3,075,435.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,767,448.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -1,692,013. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 4,296,582.  |
| 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  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,604,569.  |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     |     |    |

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 2,032,530. | 2,442,724. | 4,012,748. | 1,262,367. | 1,256,367. | 11,006,736. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 2,766,503. | 2,538,499. | 2,446,945. | 2,212,972. | 1,792,551. | 11,757,470. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |            |            |            |            |            |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |            |            |            |            |            |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |            |            |            |            |            |             |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 4,799,033. | 4,981,223. | 6,459,693. | 3,475,339. | 3,048,918. | 22,764,206. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  | 459,700.   | 1,681,350. | 3,310,879. | 632,415.   | 514,914.   | 6,599,258.  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           | 1,018,531. | 1,028,469. | 826,259.   | 302,652.   | 671,136.   | 3,847,047.  |
| <b>c</b> Add lines 7a and 7b .....  | 1,478,231. | 2,709,819. | 4,137,138. | 935,067.   | 1,186,050. | 10,446,305. |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |            |            |            |            |            | 12,317,901. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>9</b> Amounts from line 6 .....  | 4,799,033. | 4,981,223. | 6,459,693. | 3,475,339. | 3,048,918. | 22,764,206. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 7,585.     | 7,203.     | 2,691.     |            | 1,090.     | 18,569.     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |            |            |            |            |            |             |
| <b>c</b> Add lines 10a and 10b .....  | 7,585.     | 7,203.     | 2,691.     |            | 1,090.     | 18,569.     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |            |            |            |            |            |             |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 | 24,589.    | 3,938.     | 13,804.    | 9,004.     | 25,427.    | 76,762.     |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 4,831,207. | 4,992,364. | 6,476,188. | 3,484,343. | 3,075,435. | 22,859,537. |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |    |         |
|--|----|---------|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | 15 | 53.89 % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | 16 | 54.64 % |

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

|   |    |       |
|---|----|-------|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | 17 | .08 % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | 18 | .08 % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b 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 | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

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

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

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

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

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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. |  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |  |     |    |
| <b>2a</b>  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>3b</b>  |  |     |    |

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

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

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

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

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3   | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b>  |                             |  |   |
| <b>c</b> From 2013  |                             |  |   |
| <b>d</b> From 2014  |                             |  |   |
| <b>e</b> From 2015  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2011 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                             |  |   |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                             |  |   |
| <b>8</b> Breakdown of line 7:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b> Excess from 2013   |                             |  |   |
| <b>c</b> Excess from 2014   |                             |  |   |
| <b>d</b> Excess from 2015   |                             |  |   |
| <b>e</b> Excess from 2016   |                             |  |   |

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS

Employer identification number

94-2578166

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ 55,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | _____<br>_____<br>_____           | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
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|---|---|

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 83,896.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 175,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         |                                   | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         |                                   | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
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|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | _____<br>_____<br>_____           | \$ 24,062.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | _____<br>_____<br>_____           | \$ 5,239.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
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|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 56,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | _____<br>_____<br>_____           | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | _____<br>_____<br>_____           | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 16,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         |                                   | \$ 125,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         |                                   | \$ 60,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         |                                   | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         |                                   | \$ 65,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b> | Employer identification number<br><b>94-2578166</b> |
|---|---|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         |                                   | \$ 76,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |

|   |   |
|---|---|
| <b>Name of organization</b><br>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | <b>Employer identification number</b><br>94-2578166 |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS **Employer identification number** 94-2578166

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 24,416.                         | 10,580.                      | 13,836.        |
| d Equipment  |                                      | 61,484.                         | 43,380.                      | 18,104.        |
| e Other  |                                      | 22,634.                         | 16,621.                      | 6,013.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 37,953.        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) PREPUBLICATION COSTS  | 63,069.        |
| (2) ROYALTY ADVANCES, NET   | 263,735.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 326,804.       |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ROYALTIES PAYABLE   | 110,602.       |
| (3) DEFERRED RENT   | 130,665.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 241,267.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |   |            |
|---|---|----|---|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1 | 3,075,435. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |   |            |
| a | Net unrealized gains (losses) on investments                                    | 2a |   |            |
| b | Donated services and use of facilities  | 2b |   |            |
| c | Recoveries of prior year grants   | 2c |   |            |
| d | Other (Describe in Part XIII.)  | 2d |   |            |
| e | Add lines 2a through 2d   | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1  |    | 3 | 3,075,435. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |   |            |
| b | Other (Describe in Part XIII.)  | 4b |   |            |
| c | Add lines 4a and 4b   | 4c |   | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5 | 3,075,435. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |   |            |
|---|--|----|---|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1 | 4,767,448. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |   |            |
| a | Donated services and use of facilities   | 2a |   |            |
| b | Prior year adjustments   | 2b |   |            |
| c | Other losses   | 2c |   |            |
| d | Other (Describe in Part XIII.)   | 2d |   |            |
| e | Add lines 2a through 2d  | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1   |    | 3 | 4,767,448. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |   |            |
| b | Other (Describe in Part XIII.)   | 4b |   |            |
| c | Add lines 4a and 4b  | 4c |   | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5 | 4,767,448. |

**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.

**PART X, LINE 2:**

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE CENTER'S FINANCIAL STATEMENTS IS ACCOUNTED FOR IN ACCORDANCE WITH THE PROVISIONS OF AUTHORITATIVE GUIDANCE ISSUED BY THE FASB. UNDER THIS GUIDANCE, WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS MAY BE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX

**Part XIII** Supplemental Information (continued)

POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THERE WAS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS RECOGNIZED IN THE STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2016 OR 2015.



ISLAND PRESS - CENTER FOR RESOURCE

**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                |
|-----------------|----|--|--------------|------------------|---------------------------------|
|                 |    | (event type)   | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts .....   |              |                  |                                 |
|                 | 2  | Less: Contributions .....  |              |                  |                                 |
|                 | 3  | Gross income (line 1 minus line 2) .....                           |              |                  |                                 |
| Direct Expenses | 4  | Cash prizes .....  |              |                  |                                 |
|                 | 5  | Noncash prizes .....   |              |                  |                                 |
|                 | 6  | Rent/facility costs .....  |              |                  |                                 |
|                 | 7  | Food and beverages .....   |              |                  |                                 |
|                 | 8  | Entertainment .....  |              |                  |                                 |
|                 | 9  | Other direct expenses .....  |              |                  |                                 |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |                  |                                 |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |              |                  |                                 |

**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.

|                 |  | (a) Bingo                   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|-----------------------------|---|---|---|
|                 |  | 1                           | Gross revenue .....   |   |   |
| Direct Expenses | 2  | Cash prizes .....           |   |   |   |
|                 | 3  | Noncash prizes .....        |   |   |   |
|                 | 4  | Rent/facility costs .....   |   |   |   |
|                 | 5  | Other direct expenses ..... |   |   |   |
|                 | 6  | Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....        |                             |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                             |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

ISLAND PRESS - CENTER FOR RESOURCE

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |  |     |   |
|-------------------------------|--|-----|---|
| a The organization's facility |  | 13a | % |
| b An outside facility         |  | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RISING TIDE DIRECT LLC

(I) ADDRESS OF FUNDRAISER: 233 NEEDHAM STREET, SUITE 300, NEWTON, MA 02464

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.





**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

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

| (a) Type of grant or assistance           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| FOR WRITING AND RESEARCH ON BOOK PROJECTS | 2                        | 46,360.                  | 0.                                |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

**ALL GRANTEES ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS**

**DESCRIBING ACTIVITIES UNDERTAKEN AND HOW THE FUNDS WERE SPENT.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS**

Employer identification number  
**94-2578166**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2016

**ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS**

94-2578166

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) CHARLES C. SAVITT<br>PRESIDENT (LEFT 4/2016) | (i)  | 90,538.  | 0.                                  | 124,270.                            | 0.   | 21,885.                 | 236,693.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) DAVID MILLER<br>PRESIDENT (EFFECTIVE 4/2016) | (i)  | 150,513.   | 0.                                  | 0.                                  | 0.   | 11,367.                 | 161,880.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KEN HARTZELL<br>VP & CFO                     | (i)  | 142,798.   | 0.                                  | 0.                                  | 0.   | 8,166.                  | 150,964.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

CHARLES C. SAVITT, RECEIVED A SEVERANCE PAYMENT OF \$124,270 IN 2016.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

ENVIROMENTAL PROBLEMS AND TO HELP ENVIROMENTAL ORGANIZATIONS BETTER  
COMMUNICATE THE RESULTS OF THEIR WORK.

**FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION**

TO PROVIDE THE BEST IDEAS AND INFORMATION TO THOSE SEEKING TO  
UNDERSTANDING AND PROTECT THE ENVIRONMENT AND CREATE SOLUTIONS TO ITS  
COMPLEX PROBLEMS. OUR GREATEST STRENGTH IS OUR DEEP KNOWLEDGE AND  
APPRECIATION OF THE INTERDISCIPLINARY SUBJECTS THAT COMPOSE OUR CORE  
LITERATURE. WE SEEK OUT INNOVATIVE THINKERS, IDEAS AND PRACTICES THAT  
ARE INFORMED BY RIGOROUS SCIENCE AND EVIDENCE BASED ANALYSIS.

TO OUR AUTHORS, WE PROVIDE DETAILED EDITORIAL EXPERTISE TO GUIDE AND  
SHARE THEIR IDEAS. TO OUR AUDIENCES, WE PROVIDE NEW SYNTHESIS, POLICY  
CONCEPTS AND MANAGEMENT PRACTICES. WE ARE BUILDING A KNOWLEDGE BASE  
THAT CAN ADDRESS TODAY'S ENVIRONMENTAL PROBLEMS WHILE CREATING THE  
FRAMEWORK FOR LONG-TERM ECOLOGICAL HEALTH AND HUMAN WELL-BEING.

ISLAND PRESS DELIVERS THESE IDEAS IN MULTIPLE FORMATS, INCLUDING  
BOOKS, COMMUNICATION CAMPAIGNS, SYMPOSIA, AND ELECTRONIC MEDIA. AS THE  
METHODS OF INFORMATION DELIVERY EVOLVE, SO WILL THE WAY ISLAND PRESS  
PROVIDES SOLUTIONS AND INSPIRATION TO POLICY MAKERS, PRACTITIONERS,  
SCIENTISTS, STUDENTS AND ACTIVISTS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS | Employer identification number | 94-2578166 |
|--------------------------|--|--------------------------------|------------|

MAKE CRITICAL CHOICES ABOUT THE FUTURE OF OUR PLANET. IN 2016, ISLAND PRESS WORKED CLOSELY WITH VOICES FROM ACADEMIA, THE PRIVATE SECTOR, THE ADVOCACY COMMUNITY, GOVERNMENT, AND THE MEDIA. WITH HELP FROM OUR GENEROUS SUPPORTERS, WE ELEVATE THESE VOICES OF CHANGE, SHINE A SPOTLIGHT ON CRUCIAL ISSUES, AND FOCUS ATTENTION ON SUSTAINABLE SOLUTIONS.

BOOKS CONTINUE TO HAVE RELEVANCE AND IMPORTANCE TO OUR AUDIENCES AND ISLAND PRESS BOOKS HAVE SHOWN THAT THEY CAN BE A SPRINGBOARD FOR CHANGES IN POLICY AND PRACTICE THAT MAKE COMMUNITIES MORE SUSTAINABLE. FOR EXAMPLE, THE FAST ACT, A SWEEPING \$305 BILLION FEDERAL HIGHWAY BILL PASSED IN EARLY 2016, DIRECTS THE U.S. DEPARTMENT OF TRANSPORTATION TO USE OUR 2013 BOOK "URBAN STREET DESIGN GUIDE" BY THE NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS (NACTO) WHEN DEVELOPING DESIGN STANDARDS-ENSURING THAT PUBLIC OFFICIALS HAVE THE MOST UP-TO-DATE TOOLS FOR CREATING SAFE STREETS. ACCORDING TO "USA TODAY", THE FIVE-YEAR INFRASTRUCTURE BILL IS THE LONGEST REAUTHORIZATION OF FEDERAL TRANSPORTATION PROGRAMS THAT CONGRESS HAS APPROVED IN MORE THAN A DECADE.

IN EARLY 2016, AUTHOR GABE KLEIN LED A SAFER STREETS FORUM WITH MIAMI, FL OFFICIALS THAT HELPED CONVINCED MIAMI MAYOR CARLOS GIMENEZ TO BUILD A COMPLETE STREETS DEMONSTRATION PROJECT-DESIGNED TO ENABLE SAFE ACCESS FOR PEDESTRIANS, BICYCLISTS, MOTORISTS AND TRANSIT RIDERS OF ALL AGES AND ABILITIES. A FOUNDATION FUNDER PROVIDED A COPY OF HIS BOOK "START-UP CITY" TO EACH OF THE 400 ATTENDEES TO INSPIRE THEM TO APPLY HIS IDEAS ABOUT "PUBLIC ENTREPRENEURSHIP" IN CREATING SUCH PROJECTS.

Name of the organization ISLAND PRESS - CENTER FOR RESOURCE  
ECONOMICS

Employer identification number  
94-2578166

ISLAND PRESS PUBLISHED 27 NEW TITLES IN 2016, SELLING 93,335 UNITS AND  
DISTRIBUTING 6,347 COMPLIMENTARY UNITS. AMONG THESE WERE:

"BITING THE HANDS THAT FEED US" BY BAYLEN LINNEKIN, WHICH REVEALS THE  
UNEXPECTED WAYS FOOD REGULATIONS CAN THWART SUSTAINABLE PRACTICES AND  
OUTLINES HOW REGULATIONS COULD BE REFORMED TO SUPPORT SMALL FARMS,  
REDUCE WASTE, AND FEED THE HUNGRY. THE HUFFINGTON POST SAID IT "MAKES A  
STRONG CASE THAT THE BIGGEST ISSUES FACING OUR NATION'S FOOD SUPPLY ARE  
ONES DESERVING BIPARTISAN SOLUTIONS-AND THAT THOSE SOLUTIONS MIGHT  
ACTUALLY ENTAIL FEWER, BETTER FOOD LAWS INSTEAD OF A SPATE OF NEW  
ONES."

"WILD BY DESIGN: STRATEGIES FOR CREATING LIFE-ENHANCING LANDSCAPES", BY  
AWARD-WINNING DESIGNER MARGIE RUDDICK WHICH SHOWS DESIGNERS HOW TO LOOK  
BEYOND THE CONVENTIONS TO DESIGN BEAUTIFUL, SUSTAINABLE LANDSCAPES THAT  
SUCCESSFULLY RECONNECT PEOPLE WITH LARGER NATURAL SYSTEMS. MIDWEST BOOK  
REVIEW SAID: "PROFUSELY AND BEAUTIFULLY ILLUSTRATED THROUGHOUT WITH  
COLOR PHOTOGRAPHY, "WILD BY DESIGN" ... SHOULD BE ON THE PERSONAL  
READING LISTS OF EVERY ASPIRING AND PRACTICING LANDSCAPE DESIGNER."

WATER SCARCITY HAS BEEN A CONCERN FOR WESTERN COMMUNITIES FOR DECADES,  
YET STORIES OF HOW CITIES AND FARMERS ARE ADAPTING TO USE LESS OFTEN GO  
UNTOLD. IN "WATER IS FOR FIGHTING OVER: AND OTHER MYTHS ABOUT WATER IN  
THE WEST", JOURNALIST JOHN FLECK LOOKS AT THE WATER CRISIS AND FINDS  
OPTIMISM. THE BOOK EXAMINES INSTANCES IN WHICH WATER SHARING IN THE  
WEST HAS BEEN ACCOMPLISHED SUCCESSFULLY, HOW IT HAS FAILED, AND WHAT WE  
CAN LEARN TO CREATE WORKABLE AGREEMENTS FOR THE FUTURE. FLECK PROPOSES  
A CONSERVATION FRAMEWORK FOR SOLVING LONG-ENTRENCHED PROBLEMS AND



|   |  |
|---|--|
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|---|--|

SAVING LIFE IN THE WEST. "ALBUQUERQUE JOURNAL" DECLARED: "THIS IS AN  
IMPORTANT BOOK FOR ALL WESTERNERS."

DRAWING ON THE MOST WIDE-RANGING STUDIES OF AN URBAN-NATURAL AREA,  
"PROSPECTS FOR RESILIENCE: INSIGHTS FROM NEW YORK CITY'S JAMAICA BAY"  
USES JAMAICA BAY, THE LARGEST WILD AREA IN NEW YORK CITY, TO UNDERSTAND  
HOW ECOSYSTEMS CHANGE, RESPOND, AND ADAPT TO CHANGING CIRCUMSTANCES  
BEFORE AND AFTER DISRUPTIONS LIKE HURRICANE SANDY. THIS LARGE, URBAN,  
ESTUARINE LAGOON, LESS THAN 15 MILES FROM MANHATTAN, PROVIDES  
INVALUABLE LESSONS FOR ANYONE LOOKING TO CREATE RESILIENT FORMS OF  
URBAN NATURE, IN COMPLEX, MULTI-JURISDICTIONAL SITUATIONS. "PROSPECTS  
FOR RESILIENCE" SETS FORTH A FOUNDATION FOR RESEARCHERS, URBAN  
PLANNERS, STUDENTS, AND OTHERS TO HELP THEM CREATE MORE RESILIENT  
CITIES THAT WORK WITH, NOT AGAINST, NATURE.

WHILE IT HAS LONG BEEN CLEAR THAT THE WORLD'S OCEANS ARE IN TROUBLE,  
THE LACK OF RELIABLE DATA ON FISHERY CATCHES HAS OBSCURED THE SCALE,  
AND NUANCES, OF THE CRISIS. DRAWING ON ORIGINAL RESEARCH BY DANIEL  
PAULY, ONE OF THE WORLD'S LEADING FISHERIES BIOLOGISTS, "GLOBAL ATLAS  
OF MARINE FISHERIES" IS THE FIRST COMPREHENSIVE LOOK AT THE CURRENT  
STATE OF THE WORLD'S FISHERIES. WITH MANY COUNTRIES UNDER-REPORTING  
THEIR CATCH TO THE FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED  
NATIONS (FAO) BY AS MUCH AS 50% AND OTHERS OVER-REPORTING, SCIENTISTS,  
NONPROFIT ORGANIZATIONS, AND POLICYMAKERS HAVE BEEN RELYING ON LARGELY  
INACCURATE DATA. THE ATLAS PROVIDES A COMPREHENSIVE PICTURE OF OUR  
CURRENT PREDICAMENT AND STEPS THAT CAN BE TAKEN TO EASE IT. BY MAKING  
THIS INFORMATION MORE ACCESSIBLE, WE ARE HELPING TO ADVANCE  
CONSERVATION OF ENDANGERED SPECIES AND INFORM BETTER FISHERIES

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|---|--|
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MANAGEMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2016, 30 ISLAND PRESS BOOKS WERE FEATURED ON "BEST OF" LISTS IN 13 MEDIA OUTLETS. "PLANETIZEN'S" TOP PLANNING BOOKS INCLUDED BOTH "WHAT MAKES A GREAT CITY" BY ALEXANDER GARVIN AND "THE PAST AND FUTURE CITY" BY STEPHANIE MEEKS WITH KEVIN MURPHY. GARVIN'S BOOK WAS ALSO FEATURED IN THE "SAN FRANCISCO CHRONICLE'S" HOLIDAY GIFT GUIDE. "WIRED" MAGAZINE'S REQUIRED SCIENCE READING FROM 2016 INCLUDED "WATER IS FOR FIGHTING OVER" BY JOHN FLECK.

WE FEATURE BOOKS AT ALL CONFERENCES THAT ISLAND PRESS ATTENDS IN ORDER TO EFFECTIVELY REACH PROFESSIONALS. THESE INCLUDE THOSE OF MAJOR ORGANIZATIONS SUCH AS AMERICAN PLANNING ASSOCIATION, CONGRESS FOR THE NEW URBANISM, AND SOCIETY FOR ECOLOGICAL RESTORATION. ADDITIONALLY, WE HELP TEACH THE NEXT GENERATION OF PRACTITIONERS AND POLICYMAKERS BY PROMOTING OUR BOOKS FOR ADOPTION IN COLLEGE COURSES. TO DATE, MORE THAN 5,000 PROFESSORS HAVE ADOPTED ISLAND PRESS BOOKS FOR USE IN THEIR COURSES AND WE CONTINUE TO SHARE THE LATEST TITLES AND SUPPLEMENTAL TEACHING RESOURCES, SUCH AS POWERPOINT SLIDES, WITH THEM. WE ALSO EXTEND OUR REACH GLOBALLY: ISLAND PRESS TITLES ARE CURRENTLY BEING TRANSLATED INTO CHINESE, BRAZILIAN PORTUGUESE, FRENCH, AND OTHER LANGUAGES, MAKING THESE IDEAS ACCESSIBLE TO MORE PEOPLE AROUND THE WORLD.

IN 2015, WE LAUNCHED THE ISLAND PRESS URBAN RESILIENCE PROJECT, WHICH FOCUSED ON CREATING MULTIMEDIA CONTENT TO INCREASE UNDERSTANDING AND ACTION ON URBAN RESILIENCE. IN 2016, WE PRODUCED 47 ARTICLES

|   |  |
|---|--|
| Name of the organization<br>ISLAND PRESS - CENTER FOR RESOURCE<br>ECONOMICS | Employer identification number<br>94-2578166 |
|---|--|

REPRESENTING THE WORK OF MORE THAN 35 AUTHORS AND PARTNER ORGANIZATIONS. THESE ARTICLES COVERED A WIDE RANGE OF TOPICAL ISSUES - ENERGY, FOOD, SOCIAL JUSTICE, CLIMATE CHANGE, URBAN PLANNING, AND MORE. OUR CONTENT WAS PUBLISHED IN 40 OUTLETS - INCLUDING "THE GUARDIAN", "GRIST", "THE NATION", "THE ROOT", AND "TRUTHOUT". THIS WORK GARNERED OVER 18,000 SOCIAL MEDIA ENGAGEMENTS IN 2016 WITH A POTENTIAL REACH OF 144 MILLION READERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR CONTINUING EDUCATION PARTNERSHIP WITH THE U.S. GREEN BUILDING COUNCIL LAUNCHED IN 2014 AND HAS GROWN INTO A STRONG EDUCATIONAL COLLABORATION. WE HAVE DEVELOPED SEVEN ONLINE COURSES ON SUSTAINABLE CITIES EXCLUSIVELY FOR THEIR NETWORK OF 200,000 LEED PROFESSIONALS. OUR COURSES HAVE MORE THAN 9,300 COMPLETIONS AND HAVE DELIVERED MORE THAN 13,000 EDUCATIONAL HOURS TO THEIR AUDIENCE OF ARCHITECTS, PLANNERS, DEVELOPERS, AND GREEN BUILDING PROFESSIONALS TO DATE. OUR COURSES ARE CONSISTENTLY AMONG THE MOST COMPLETED AND MOST HIGHLY-RATED ON THE PLATFORM. PROGRAMS LIKE THESE MAKE A REAL DIFFERENCE BY REACHING PROFESSIONALS WHO CAN INTEGRATE NEW IDEAS AND TESTED SOLUTIONS INTO THEIR WORK.

WE REGULARLY RECEIVE FEEDBACK WITH EXAMPLES OF HOW OUR BOOKS AND THEIR RELATED OUTREACH ACTIVITIES ARE INFLUENCING PEOPLE TO PUT OUR AUTHORS' IDEAS INTO PRACTICE, SUCH AS THIS COMMENT ON ONE OF OUR U.S. GREEN BUILDING COUNCIL CONTINUING EDUCATION COURSES:

"AS A PROFESSIONAL WORKING IN EQUITY, SUSTAINABILITY, AND

|   |  |
|---|--|
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TRANSPORTATION - I FOUND THIS READING HELPFUL FOR DISCUSSING THE INTERSECTIONALITY OF THE ABOVE THREE IN SPEAKING ON CLIMATE CHANGE AND HOW AND WHY TO BEST PREPARE FOR IT".

EACH OF THESE ACTIVITIES ADVANCES OUR MISSION TO PROVIDE THE BEST IDEAS AND INFORMATION TO THOSE SEEKING TO UNDERSTAND AND PROTECT THE ENVIRONMENT AND CREATE SOLUTIONS TO ITS COMPLEX PROBLEMS. ISLAND PRESS IS INCREASING OUR EFFORTS TO EXPAND THE NUMBER AND TYPES OF PARTNERS WE HAVE THAT CAN LINK US DIRECTLY WITH THE AUDIENCES WE SERVE

FORM 990, PART VI, SECTION B, LINE 11B:  
FORM 990 IS REVIEWED AND APPROVED BY ALL BOARD MEMBERS PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:  
ALL INTERESTED PERSONS SUBMIT AN ANNUAL STATEMENT DISCLOSING ANY POTENTIAL OR EXISTING CONFLICTS OF INTEREST TO THE PRESIDENT AND THE BOARD. THE BOARD REVIEWS THE INFORMATION IN THE REQUEST AND TAKES APPROPRIATE ACTION. THE BOARD SHALL DETERMINE, AFTER RECEIVING A DISCLOSURE, WHETHER A CONFLICT OF INTEREST EXISTS, OR CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT OF INTEREST IS KNOWN OR DEEMED TO EXIST AFTER DISCLOSURE, THE BOARD OR THE COMMITTEE, AS APPLICABLE, SHALL NOT APPROVE THE CONTRACT WITH THE INTERESTED PARTY UNLESS IT IS DETERMINED THAT (A) ENTERING INTO SUCH CONTRACT IS IN THE BEST INTEREST OF ISLAND PRESS, (B) THE CONTRACT IS FAIR AND REASONABLE TO ISLAND PRESS, AND (C) A MORE ADVANTAGEOUS CONTRACT CANNOT BE OBTAINED UNDER THE CIRCUMSTANCES. ADDITIONALLY, THE BOARD OR THE COMMITTEE, AS APPLICABLE, SHALL TAKE ANY ACTION REQUIRED OR PRUDENT TO AVOID IMPOSITION OF AN EXCISE TAX UNDER INTERNAL REVENUE CODE SECTION 4958

|   |  |
|---|--|
| Name of the organization<br>ISLAND PRESS - CENTER FOR RESOURCE<br>ECONOMICS | Employer identification number<br>94-2578166 |
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IN CONNECTION WITH CONSIDERING SUCH CONTRACT.

THE BOARD MAINTAINS DETAILED MINUTES AND RECORDS REGARDING THE MATTER. SUCH RECORDS REFLECT THE NAME OF THE INTERESTED PERSON AND ANY DISCLOSURE MADE, THE VOTE ON WHETHER A CONFLICT OF INTEREST IS PRESENT, THE NAMES OF THE PERSONS PARTICIPATING IN ANY DISCUSSIONS AND DELIBERATIONS WITH REGARD TO APPROVING OR REJECTING THE CONTRACT INVOLVING THE INTERESTED PERSON AND THE SUBSTANCE OF SUCH DISCUSSIONS AND DELIBERATIONS, ADHERENCE WITH THE PROCEDURES DESCRIBED ABOVE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PERSON, AND THAT A QUORUM WAS PRESENT.

IN THE EVENT AN INTERESTED PERSON FAILS TO ACT IN ACCORDANCE WITH THIS CONFLICTS OF INTEREST POLICY, THE BOARD MAY TAKE CORRECTIVE ACTION AGAINST SUCH PERSON. IN THE EVENT THAT A FORMAL REPRIMAND, OR IN AN EXTREME CASE, THE REMOVAL OF SUCH PERSON FROM HIS OR HER POSITION(S), IS PROPOSED, SUCH RECOMMENDATION MUST BE PRESENTED WITH SUPPORTING DOCUMENTATION. THE INTERESTED PERSON INVOLVED SHALL BE GIVEN AN OPPORTUNITY TO BE HEARD PRIOR TO THE BOARD'S FINAL DECISION ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR NEW OFFICERS/EMPLOYEES IS REVIEWED AND APPROVED PRIOR TO OFFER BY THE CFO. OVERALL LEVELS OF COMPENSATION FOR STAFF ARE REVIEWED ANUALLY BY THE BOARD DURING THE BUDGET APPROVAL PROCESS. FOR OFFICERS AND KEY EMPLOYEES, ISLAND PRESS ROUTINELY UTILIZES BENCHMARK STUDIES AND INDEPENDENT REVIEW OF MARKET COMPENSATION DATA FROM BOTH TAX-EXEMPT AND NONEXEMPT ORGANIZATIONS PREPARED BY INDEPENDENT COMPENSATION CONSULTANTS AT THE TIME OF HIRING OR WHEN ADJUSTMENTS ARE MADE. AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REGULARLY REFERENCES PEER GROUP DATA IN ITS

|   |  |
|---|--|
| Name of the organization<br>ISLAND PRESS - CENTER FOR RESOURCE<br>ECONOMICS | Employer identification number<br>94-2578166 |
|---|--|

ANNUAL REVIEW AND APPROVAL OF THE COMPENSATION OF THE PRESIDENT. NO PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT WERE INVOLVED IN THE APPROVAL PROCESS. ISLAND PRESS MAINTAINS DOCUMENTATION RESPECTING THE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ELECTRONIC OR HARDCOPY FORMAT.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 687,039. |
| MANAGEMENT AND GENERAL EXPENSES | 55,358.  |
| FUNDRAISING EXPENSES            | 8,041.   |
| TOTAL EXPENSES                  | 750,438. |

PROGRAM PRODUCTION:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 52,733. |
| MANAGEMENT AND GENERAL EXPENSES | 980.    |
| FUNDRAISING EXPENSES            | 369.    |
| TOTAL EXPENSES                  | 54,082. |

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 804,520.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE OVERSIGHT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.



2016 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description                             | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 79        | HP LAPTOP                               | 07/28/12      | SL     | 3.00 |      | 16       | 849.                     |            |                     |                      | 849.                   | 849.                               |                         | 0.                     | 849.                            |
| 80        | ASUS LAPTOP                             | 05/13/12      | SL     | 3.00 |      | 16       | 667.                     |            |                     |                      | 667.                   | 667.                               |                         | 0.                     | 667.                            |
| 81        | ACER LAPTOP                             | 02/15/12      | SL     | 3.00 |      | 16       | 799.                     |            |                     |                      | 799.                   | 799.                               |                         | 0.                     | 799.                            |
| 82        | CAMERA EQUIPMENT                        | 01/02/12      | SL     | 3.00 |      | 16       | 413.                     |            |                     |                      | 413.                   | 413.                               |                         | 0.                     | 413.                            |
| 83        | DESKTOP (SPARE)                         | 10/28/13      | SL     | 3.00 |      | 16       | 793.                     |            |                     |                      | 793.                   | 572.                               |                         | 221.                   | 793.                            |
| 84        | DESKTOP (CONFERENCE ROOM)               | 10/28/13      | SL     | 3.00 |      | 16       | 793.                     |            |                     |                      | 793.                   | 572.                               |                         | 221.                   | 793.                            |
| 85        | DESKTOP (FINANCE)                       | 10/28/13      | SL     | 3.00 |      | 16       | 793.                     |            |                     |                      | 793.                   | 572.                               |                         | 221.                   | 793.                            |
| 86        | DESKTOP (DEVELOPMENT)                   | 10/28/13      | SL     | 3.00 |      | 16       | 793.                     |            |                     |                      | 793.                   | 572.                               |                         | 221.                   | 793.                            |
| 87        | DESKTOP (EDITORIAL)                     | 10/28/13      | SL     | 3.00 |      | 16       | 793.                     |            |                     |                      | 793.                   | 572.                               |                         | 221.                   | 793.                            |
| 90        | APPLE MAC PRO ZOPK DESKTOP              | 11/01/14      | SL     | 3.00 |      | 16       | 4,799.                   |            |                     |                      | 4,799.                 | 267.                               |                         | 2,472.                 | 2,739.                          |
| 91        | THINKSERVER RD640                       | 10/01/14      | SL     | 3.00 |      | 16       | 4,861.                   |            |                     |                      | 4,861.                 | 405.                               |                         | 2,430.                 | 2,835.                          |
| 92        | DELL LATITUDE LAPTOP 14 5000 SERIES     | 10/01/14      | SL     | 3.00 |      | 16       | 794.                     |            |                     |                      | 794.                   | 85.                                |                         | 397.                   | 482.                            |
| 93        | DELL LATITUDE 14 5000 SERIES-210-ABCN   | 06/01/14      | SL     | 3.00 |      | 16       | 925.                     |            |                     |                      | 925.                   | 180.                               |                         | 406.                   | 586.                            |
| 94        | DELL LATITUDE E7240 LAPTOP              | 02/01/14      | SL     | 3.00 |      | 16       | 1,413.                   |            |                     |                      | 1,413.                 | 903.                               |                         | 471.                   | 1,374.                          |
| 95        | (D)MBAIR 13.3/1.3/4.128 FLASH MD761LL/A | 02/01/14      | SL     | 3.00 |      | 16       | 1,188.                   |            |                     |                      | 1,188.                 | 759.                               |                         | 396.                   | 1,155.                          |
| 96        | SHARP AQUOS LC70LE64UO 70" TV           | 02/01/14      | SL     | 5.00 |      | 16       | 1,570.                   |            |                     |                      | 1,570.                 | 602.                               |                         | 314.                   | 916.                            |
| 97        | REFORM REFURBISHED FILE CABINETS        | 06/09/15      | SL     | 7.00 |      | 16       | 546.                     |            |                     |                      | 546.                   | 39.                                |                         | 78.                    | 117.                            |
| 98        | (D)APPLE IPHONE 6 PLUS 64GB             | 09/01/15      | SL     | 3.00 |      | 16       | 650.                     |            |                     |                      | 650.                   | 54.                                |                         | 217.                   | 271.                            |



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| Asset No. | Description                   | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 99        | NETGEART G5748T               | 09/05/15      | SL     | 3.00 |      | 16       | 559.                     |            |                     |                      | 559.                   | 47.                                |                         | 186.                   | 233.                            |
| 100       | (D)APPLE IPHONE 6 PLUS 64GB   | 07/24/15      | SL     | 3.00 |      | 16       | 550.                     |            |                     |                      | 550.                   | 76.                                |                         | 183.                   | 259.                            |
| 101       | (D)MAC MINI DESKTOP           | 06/30/15      | SL     | 5.00 |      | 16       | 699.                     |            |                     |                      | 699.                   | 58.                                |                         | 140.                   | 198.                            |
| 102       | AVAYA POLOYCOM                | 04/14/15      | SL     | 5.00 |      | 16       | 452.                     |            |                     |                      | 452.                   | 60.                                |                         | 90.                    | 150.                            |
| 103       | AVAYA POLOYCOM                | 04/14/15      | SL     | 5.00 |      | 16       | 452.                     |            |                     |                      | 452.                   | 60.                                |                         | 90.                    | 150.                            |
| 104       | AVAYA PHONE SYSTEM            | 04/02/15      | SL     | 5.00 |      | 16       | 8,860.                   |            |                     |                      | 8,860.                 | 1,329.                             |                         | 1,772.                 | 3,101.                          |
| 105       | DELL COMPUTER                 | 01/31/16      | SL     | 3.00 |      | 16       | 538.                     |            |                     |                      | 538.                   |                                    |                         | 164.                   | 164.                            |
| 106       | DELL COMPUTER                 | 02/29/16      | SL     | 3.00 |      | 16       | 520.                     |            |                     |                      | 520.                   |                                    |                         | 144.                   | 144.                            |
| 107       | DELL COMPUTER                 | 02/29/16      | SL     | 3.00 |      | 16       | 520.                     |            |                     |                      | 520.                   |                                    |                         | 144.                   | 144.                            |
| 108       | DELL SERVER                   | 06/06/16      | SL     | 3.00 |      | 16       | 700.                     |            |                     |                      | 700.                   |                                    |                         | 117.                   | 117.                            |
| 109       | DATTO ALTO XL PRO 6000 BACKUP | 06/13/16      | SL     | 3.00 |      | 16       | 3,529.                   |            |                     |                      | 3,529.                 |                                    |                         | 392.                   | 392.                            |
| 1         | (D)DELL COMPUTER              | 12/10/09      | SL     | 3.00 |      | 16       | 653.                     |            |                     |                      | 653.                   | 653.                               |                         | 0.                     | 653.                            |
| 2         | DELL COMPUTER                 | 12/10/09      | SL     | 3.00 |      | 16       | 653.                     |            |                     |                      | 653.                   | 653.                               |                         | 0.                     | 653.                            |
| 3         | INSPIRON 17 NOTEBOOK          | 09/18/09      | SL     | 3.00 |      | 16       | 1,014.                   |            |                     |                      | 1,014.                 | 1,014.                             |                         | 0.                     | 1,014.                          |
| 4         | NVIDIA COMPUTER               | 09/03/09      | SL     | 3.00 |      | 16       | 421.                     |            |                     |                      | 421.                   | 421.                               |                         | 0.                     | 421.                            |
| 8         | SAMSUNG NC-10 NOTEBOOK        | 11/14/08      | SL     | 3.00 |      | 16       | 499.                     |            |                     |                      | 499.                   | 499.                               |                         | 0.                     | 499.                            |
| 9         | HP MONITOR                    | 09/18/08      | SL     | 3.00 |      | 16       | 330.                     |            |                     |                      | 330.                   | 330.                               |                         | 0.                     | 330.                            |
| 11        | SOLOMON SERVER                | 10/02/08      | SL     | 3.00 |      | 16       | 2,474.                   |            |                     |                      | 2,474.                 | 2,474.                             |                         | 0.                     | 2,474.                          |

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| Asset No. | Description                 | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 12        | PHONE SYSTEM                | 09/06/08      | SL     | 5.00  |      | 16       | 556.                     |            |                     |                      | 556.                   | 556.                               |                         | 0.                     | 556.                            |
| 17        | ASUS LAPTOP                 | 08/07/08      | SL     | 3.00  |      | 16       | 562.                     |            |                     |                      | 562.                   | 562.                               |                         | 0.                     | 562.                            |
| 34        | DESKTOP COMPUTER            | 12/02/10      | SL     | 3.00  |      | 16       | 647.                     |            |                     |                      | 647.                   | 647.                               |                         | 0.                     | 647.                            |
| 35        | TOSHIBA LAPTOP              | 02/16/10      | SL     | 3.00  |      | 16       | 1,111.                   |            |                     |                      | 1,111.                 | 1,110.                             |                         | 0.                     | 1,110.                          |
| 36        | DELL COMPUTER               | 09/02/10      | SL     | 3.00  |      | 16       | 694.                     |            |                     |                      | 694.                   | 694.                               |                         | 0.                     | 694.                            |
| 37        | MAC MINI                    | 07/08/10      | SL     | 3.00  |      | 16       | 775.                     |            |                     |                      | 775.                   | 775.                               |                         | 0.                     | 775.                            |
| 38        | DELL SERVER FOR TMM         | 07/01/10      | SL     | 3.00  |      | 16       | 1,200.                   |            |                     |                      | 1,200.                 | 1,200.                             |                         | 0.                     | 1,200.                          |
| 40        | IPOD                        | 05/13/10      | SL     | 3.00  |      | 16       | 499.                     |            |                     |                      | 499.                   | 499.                               |                         | 0.                     | 499.                            |
| 59        | DELL COMPUTER               | 11/03/11      | SL     | 3.00  |      | 16       | 742.                     |            |                     |                      | 742.                   | 742.                               |                         | 0.                     | 742.                            |
| 60        | DELL COMPUTER               | 07/19/11      | SL     | 3.00  |      | 16       | 2,175.                   |            |                     |                      | 2,175.                 | 2,175.                             |                         | 0.                     | 2,175.                          |
| 61        | MONITORS                    | 07/26/11      | SL     | 3.00  |      | 16       | 1,356.                   |            |                     |                      | 1,356.                 | 1,356.                             |                         | 0.                     | 1,356.                          |
| 62        | COMPUTERS                   | 05/28/11      | SL     | 3.00  |      | 16       | 431.                     |            |                     |                      | 431.                   | 431.                               |                         | 0.                     | 431.                            |
| 63        | COMPUTER                    | 05/28/11      | SL     | 3.00  |      | 16       | 431.                     |            |                     |                      | 431.                   | 431.                               |                         | 0.                     | 431.                            |
| 76        | SERVER MEMORY               | 12/21/12      | SL     | 5.00  |      | 16       | 748.                     |            |                     |                      | 748.                   | 450.                               |                         | 150.                   | 600.                            |
| 77        | DELL POWER EDGE R720 SERVER | 09/25/12      | SL     | 5.00  |      | 16       | 6,563.                   |            |                     |                      | 6,563.                 | 4,267.                             |                         | 1,313.                 | 5,580.                          |
| 78        | COMPUTER                    | 08/02/12      | SL     | 3.00  |      | 16       | 420.                     |            |                     |                      | 420.                   | 420.                               |                         | 0.                     | 420.                            |
|           | * 990 PAGE 10 TOTAL -       |               |        |       |      |          | 65,772.                  |            |                     |                      | 65,772.                | 32,871.                            |                         | 13,171.                | 46,042.                         |
| 45        | 4 DRAWER 42' LATERAL FILE   | 09/29/00      | SL     | 10.00 |      | 16       | 1,134.                   |            |                     |                      | 1,134.                 | 1,134.                             |                         | 0.                     | 1,134.                          |

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| Asset No. | Description                       | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 48        | 4 - DRAWER FILE                   | 08/07/03      | SL     | 7.00  |      | 16       | 679.                     |            |                     |                      | 679.                   | 679.                               |                         | 0.                     | 679.                            |
| 50        | STORAGE CABINET                   | 08/09/03      | SL     | 7.00  |      | 16       | 437.                     |            |                     |                      | 437.                   | 437.                               |                         | 0.                     | 437.                            |
| 51        | BOOKSHELVES                       | 05/04/05      | SL     | 7.00  |      | 16       | 608.                     |            |                     |                      | 608.                   | 608.                               |                         | 0.                     | 608.                            |
| 54        | FIREPROOF SAFE                    | 09/07/06      | SL     | 10.00 |      | 16       | 864.                     |            |                     |                      | 864.                   | 798.                               |                         | 66.                    | 864.                            |
| 55        | AERON CHAIR                       | 02/05/07      | SL     | 10.00 |      | 16       | 1,772.                   |            |                     |                      | 1,772.                 | 1,579.                             |                         | 192.                   | 1,772.                          |
| 56        | (D)HEALTHY BACK CHAIR             | 12/11/08      | SL     | 7.00  |      | 16       | 799.                     |            |                     |                      | 799.                   | 799.                               |                         | 0.                     | 799.                            |
| 58        | AERON OFFICE CHAIR                | 07/20/11      | SL     | 7.00  |      | 16       | 2,803.                   |            |                     |                      | 2,803.                 | 1,767.                             |                         | 400.                   | 2,167.                          |
| 65        | REFORM REFURBISHED FILE CABINETS  | 10/09/12      | SL     | 7.00  |      | 16       | 995.                     |            |                     |                      | 995.                   | 462.                               |                         | 142.                   | 604.                            |
| 66        | IKEA - KITHCHEN TABLES (2)        | 09/24/12      | SL     | 3.00  |      | 16       | 318.                     |            |                     |                      | 318.                   | 318.                               |                         | 0.                     | 318.                            |
| 67        | IKEA - KITHCHEN CHAIRS (4)        | 09/24/12      | SL     | 3.00  |      | 16       | 170.                     |            |                     |                      | 170.                   | 170.                               |                         | 0.                     | 170.                            |
| 68        | IKEA - KITCHEN BAR STOOLS (8)     | 09/24/12      | SL     | 3.00  |      | 16       | 339.                     |            |                     |                      | 339.                   | 339.                               |                         | 0.                     | 339.                            |
| 69        | 30 MESH TASK CHAIRS               | 09/24/12      | SL     | 7.00  |      | 16       | 8,024.                   |            |                     |                      | 8,024.                 | 3,820.                             |                         | 1,146.                 | 4,966.                          |
| 70        | 3 2-DRAWER LATERAL FILES          | 09/24/12      | SL     | 7.00  |      | 16       | 802.                     |            |                     |                      | 802.                   | 383.                               |                         | 115.                   | 498.                            |
| 71        | 19 BOX/ BOX FILE PEDESTALS        | 09/24/12      | SL     | 7.00  |      | 16       | 2,597.                   |            |                     |                      | 2,597.                 | 1,237.                             |                         | 371.                   | 1,608.                          |
| 72        | 4 FILE/FILE PEDESTALS             | 09/24/12      | SL     | 7.00  |      | 16       | 547.                     |            |                     |                      | 547.                   | 260.                               |                         | 78.                    | 338.                            |
|           | * 990 PAGE 10 TOTAL -             |               |        |       |      |          | 22,888.                  |            |                     |                      | 22,888.                | 14,790.                            |                         | 2,510.                 | 17,301.                         |
| 73        | WRIT - CONSTRUCTIN ADD ALTERNATES | 11/27/12      | SL     | 10.00 |      | 16       | 9,700.                   |            |                     |                      | 9,700.                 | 3,233.                             |                         | 970.                   | 4,203.                          |
| 74        | DATAWATCH - SECURITY SYSTEM       | 08/16/12      | SL     | 10.00 |      | 16       | 5,772.                   |            |                     |                      | 5,772.                 | 1,923.                             |                         | 577.                   | 2,500.                          |

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| Asset No. | Description                         | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 75        | ACCESS - CABLING                    | 09/18/12      | SL     | 10.00 |      | 16       | 8,944.                   |            |                     |                      | 8,944.                 | 2,980.                             |                         | 894.                   | 3,874.                          |
|           | * 990 PAGE 10 TOTAL -               |               |        |       |      |          | 24,416.                  |            |                     |                      | 24,416.                | 8,136.                             |                         | 2,441.                 | 10,577.                         |
|           | * GRAND TOTAL 990 PAGE 10 DEPR      |               |        |       |      |          | 113,076.                 |            |                     |                      | 113,076.               | 55,797.                            |                         | 18,122.                | 73,920.                         |
|           | CURRENT YEAR ACTIVITY               |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           | BEGINNING BALANCE                   |               |        |       |      |          | 107,269.                 |            |                     | 0.                   | 107,269.               | 55,797.                            |                         |                        | 72,959.                         |
|           | ACQUISITIONS                        |               |        |       |      |          | 5,807.                   |            |                     | 0.                   | 5,807.                 | 0.                                 |                         |                        | 961.                            |
|           | DISPOSITIONS                        |               |        |       |      |          | 4,539.                   |            |                     | 0.                   | 4,539.                 | 2,399.                             |                         |                        | 3,335.                          |
|           | ENDING BALANCE                      |               |        |       |      |          | 108,537.                 |            |                     | 0.                   | 108,537.               | 53,398.                            |                         |                        | 70,585.                         |
|           | ENDING ACCUM DEPR LESS DISPOSITIONS |               |        |       |      |          |                          |            |                     |                      |                        | 70,585.                            |                         |                        |                                 |
|           | ENDING BOOK VALUE                   |               |        |       |      |          |                          |            |                     |                      |                        | 37,952.                            |                         |                        |                                 |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   | Enter filer's identifying number                                 |
|--|---|--|
| File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>ISLAND PRESS - CENTER FOR RESOURCE ECONOMICS</b>    | Employer identification number (EIN) or<br><br><b>94-2578166</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2000 M STREET, NW, , NO. 650</b>           | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WASHINGTON, DC 20036</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**THE ORGANIZATION**

• The books are in the care of ▶ **2000 M. STREET, NW SUITE 650 - WASHINGTON, DC 20036**  
 Telephone No. ▶ **202-232-7933** Fax No. ▶ **202-234-1328**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.