EXTENDED TO NOVEMBER 15, 2019

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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

Department of the Treasury Internal Revenue Service

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change EARTH ECONOMICS Name change 20-1843411 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 253-539-4801 107 N TACOMA AVENUE termin-ated 1,753,719. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 98403 TACOMA, WA H(a) Is this a group return Applica-F Name and address of principal officer: INGRID RASCH Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.EARTHECONOMICS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2004 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: TO QUANTIFY AND VALUE THE Activities & Governance BENEFITS NATURE PROVIDES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 29 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) <u>14</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 829,983. 631,976.Contributions and grants (Part VIII, line 1h) Revenue 748,551. 1,110,943. Program service revenue (Part VIII, line 2g) 763. 941. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 9,200. 9,859. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,588,497. 1.753.719 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,158,688. 1,363,804. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 262,572. 292,715. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,421,260. 1,656,519. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 97,200. 167,237. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,027,135. 907,147. 20 Total assets (Part X, line 16) 71,196. 93,984. 21 Total liabilities (Part X, line 26) 835,951. 933,151. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign INGRID RASCH, BOARD PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature ZACH R PARSONS P01420675 Paid 91-1503183 Preparer Firm's name DP&C Firm's EIN Firm's address P.O. BOX 1614 Use Only

X Yes No

Phone no. 253.572.9922

May the IRS discuss this return with the preparer shown above? (see instructions)

TACOMA, WA 98401-1614

Pai	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:
	EARTH ECONOMICS QUANTIFIES AND VALUES THE BENEFITS NATURE PROVIDES TO
	COMMUNITIES. AS A GLOBAL LEADER IN SCIENCE-BASED ECONOMICS, WE DEVELOP
	PRAGMATIC, COLLABORATIVE SOLUTIONS FOR INVESTMENT AND POLICY DECISIONS
	THAT MITIGATE RISK, ADD VALUE, AND INCREASE RESILIENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 1,098,648 · including grants of \$) (Revenue \$ 1,087,718 ·) PROGRAM 1: DOMESTIC - OUR DOMESTIC PROGRAM PROVIDES THREE SERVICES:
	EDUCATION AND AWARENESS BUILDING; PLACE-BASED PROJECT ANALYSES; AND
	EXPERT GUIDANCE ON FUNDING MECHANISMS TO PROTECT AND EXPAND NATURAL
	CAPITAL AND GREEN INFRASTRUCTURE WITHIN THE UNITED STATES AND ITS
	TERRITORIES.
4b	(Code:) (Expenses \$ 23,940 · including grants of \$) (Revenue \$ 23,225 ·)
	PROGRAM 2: INTERNATIONAL - OUR INTERNATIONAL PROGRAM PROVIDES THREE
	SERVICES: EDUCATION AND AWARENESS BUILDING; PLACE-BASED PROJECT
	ANALYSES; AND EXPERT GUIDANCE ON FUNDING MECHANISMS TO PROTECT AND
	EXPAND NATURAL CAPITAL AND GREEN INFRASTRUCTURE OUTSIDE OF THE UNITED
	STATES AND ITS TERRITORIES.
	SIAIES AND IIS IERRIIORIES.
4c	(Code:) (Expenses \$ 74,400 • including grants of \$) (Revenue \$)
	PROGRAM 3: ECOSYSTEM VALUATION TOOLKIT (EVT) - THE ECOSYSTEM VALUATION
	TOOLKIT (EVT) IS A CONSTANTLY EXPANDING REPOSITORY OF SCHOLARLY
	VALUATION ESTIMATES ASSOCIATED WITH ECOSYSTEM GOODS AND SERVICES,
	CURRENTLY CONTAINING OVER 2,100 VERIFIED VALUES FOR ECOSYSTEM GOODS AND
	SERVICES PRODUCED AT SPECIFIC LOCALES, WORLDWIDE. BY PROVIDING A
	FOUNDATION FOR RIGOROUS AND RAPID ECOSYSTEM SERVICE VALUATION, THE EVT
	SUPPORTS IMPROVEMENTS TO PUBLIC AND PRIVATE INVESTMENT, AND AN
	EXPANSION OF OUR UNDERSTANDING OF ECONOMIC IMPACTS AND INCENTIVES, TO
	BETTER SUPPORT ECOLOGICAL AND FINANCIAL SUSTAINABILITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1,196,988.

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Form 990 (2018) EARTH ECONOMICS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.,		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Α.
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		Х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 25
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
00000	4 40 04 40	Earm	aan	(2010

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Form **990** (2018

Form 990 (2018) EARTH ECONOMICS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)						
	-		3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			37			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	If "Yes," enter the name of the foreign country:							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X			
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c					
Va	any contributions that were not tax deductible as charitable contributions?		6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua					
b	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).		0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
			8					
9	Sponsoring organizations maintaining donor advised funds.		_					
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	100						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b						
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100						
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	110						
~	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	· · · · · · · · · · · · · · · · · · ·		14a		X			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,			
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)			

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.

	Creck if Schedule O contains a response or note to any line in this Part VI			22				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	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 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5								
6	Did the organization have members or stockholders?	6		Х				
7a								
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0						
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	tion Divided (mis seed on Brequeste information about politics not required by the internal nevenue seeds.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b		1 IG						
12a	Didd a state of the state of th	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
		120						
·	in Schedule O how this was done	12c	х					
13		13	X					
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X					
15	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?							
2	The organization's CEO, Executive Director, or top management official	15a	Х					
h	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	- -					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
. Ju	taxable entity during the year?	16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed ►WA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.	_ J. 11y)	- vanc					
	X Own website Another's website X 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	l finan	cial					
	statements available to the public during the tax year.		ciui					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
_0	MARVIN TERMIN - 253-539-4801							
	107 N TACOMA AVENUE, TACOMA, WA 98403							

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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.

(A) Name and Title	(B) Average		(C) Position (do not check more th)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	below line)	hours for related organizations below line) linsitint polarity for the pol		Officer	Key employee	Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) INGRID RASCH BOARD PRESIDENT	5.00	X		x				0.	0.	0 .
(2) SHERRY RICHARDSON	3.00									
BOARD SECRETARY	1.00	Х		Х				0.	0.	0 .
(3) ALEXANDER BERNHARDT BOARD TREASURER	1.00	x		x				0.	0.	0.
(4) MOLLY SEAVERNS BOARD VICE PRESIDENT	1.00	х		х				0.	0.	0.
(5) ELIZABETH HENDRIX	1.00	Δ		^						
BOARD MEMBER	1 00	Х						0.	0.	0
(6) NAN MCKAY BOARD MEMBER	1.00	X						0.	0.	0
(7) DAVID COSMAN	1.00	x						0.	0.	0.
BOARD MEMBER (8) RUBY ELLIS	40.00	Δ								
BUSINESS MANAGER	40.00			Х				59,416.	0.	578
(9) DAVID BATKER PRESIDENT	40.00			x				120,119.	0.	19,648
(10) MATTHEW CHADSEY EXECUTIVE DIRECTOR	40.00			х				117,875.	0.	4,715
		<u> </u>								- 000 (sad

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Ра	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		_ ((D)	(E)			(F)	
	Name and title	Average hours per week (list any	box	not c , unle	ss pe	more erson	than is bot or/trus	th an	from	Reportable compensatio from related	on I	am	timate nount o other	of
		hours for related organizations	Individual trustee or director	Institutional trustee		ıyee	Highest compensated employee		the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga	pensa om the anizati d relate	e ion
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orga	ınizatio	ons
			<u> </u>											
			<u> </u>											
			<u> </u>											
			1											
			-											
			1											
	Sub-total Total from continuation sheets to Part V							\	297,410.		0.	2	4,9	$\frac{41.}{0.}$
	Total (add lines 1b and 1c)								297,410.		0.	2	4,9	
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ıose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	le			2
_	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization		4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat		idual for services		_		х
Sec	rendered to the organization? If "Yes," concition B. Independent Contractors	ipiete Scriedui	e J I	Or S	ucn	pers	SON					5		
1	Complete this table for your five highest contact the organization. Report compensation for										ıpens	sation f	rom	
	(A)					VILII	OI W	/111111	(B)			(C	;)	
	Name and business	address	NC	INC	<u> </u>				Description of s	ervices		Comper	isatioi	า
	Total number of independent contractors (including but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi					(0					Form 9	990 (c	2010

832008 12-31-18

		Check if Schedule O cont	aine a reenonee	or note to any li	ne in this Part VIII			
		Check if Schedule O cont	ains a response	or note to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b	28,169. 603,807.				
0 (0	n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a	;			1,110,943.	1,110,943.		
Pr		All other program service reve	enue					
		Total. Add lines 2a-2f			1,110,943.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere	est, and	941.			941.
	3	noyallies	(i) Real	(ii) Personal	7 = •			7 = •
	b	Gross rents Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
	c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)						
une		Net gain or (loss)Gross income from fundraisin including \$		P				
Other Revenu		contributions reported on line Part IV, line 18 Less: direct expenses	a 1c). See a					
		Net income or (loss) from fund	-	>				
		Part IV, line 19 Less: direct expenses	а		-			
		Net income or (loss) from gam		>				
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a	>				
[Miscellaneous Revenu		Business Code				
	b			900099	9,788.			9,788.
		All other revenue			9,788.			
	12	Total. Add lines 11a-11d Total revenue. See instructions			1.753.719.	1,110,943.	0.	10,800.

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 respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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,	322,351.	224,356.	68,016.	29,979
6	trustees, and key employees	322,331.	224,3300	00,010.	20,010
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		807,610.	563,512.	168,801.	75,297
7 8	Other salaries and wages Pension plan accruals and contributions (include	507,010	303,312.	100,001.	, , , , , ,
0	section 401(k) and 403(b) employer contributions)	31,073.	21,627.	6,556.	2,890
9	Other employee benefits	97,225.	67,669.	20,514.	9,042
10	Payroll taxes	105,545.	73,459.	22,270.	9,816
11	Fees for services (non-employees):		70,200		7,020
··					
b	Legal	3,125.	2,175.	659.	291
c		9,914.	6,900.	2,092.	922
	Lobbying	- ,	7,200		
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees	1,875.	1,305.	396.	174
g					
3	column (A) amount, list line 11g expenses on Sch O.)	67,943.	65,940.	1,390.	613
12	Advertising and promotion	8,477.	8,477.		
13	Office expenses	13,000.	9,062.	2,733.	1,205
14	Information technology	11,838.	8,239.	2,498.	1,101
15	Royalties				
16	Occupancy	42,259.	29,412.	8,917.	3,930
17	Travel	55,854.	55,854.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,212.	11,212.		
20	Interest				
21	Payments to affiliates		4.2.2.2.		
22	Depreciation, depletion, and amortization	26,840.	18,681.	5,663.	2,496
23	Insurance	3,450.	2,401.	728.	321
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 0.)	22.045	00 100	7 015	2 000
а	STATE AND LOCAL TAXES	33,245.	23,138.	7,015.	3,092
b	MEMBERSHIP AND DUES	3,306.	3,306.	<u> </u>	2.0
С	LICENSE, FEES, PERMITS	319.	222.	67.	30
d	PROFESSIONAL DEVELOPMEN	34.	24.	7. 5.	3
	All other expenses	24.	17.	_	141 204
25	Total functional expenses. Add lines 1 through 24e	1,656,519.	1,196,988.	318,327.	141,204
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2019

Form 990 (2018) Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			192,869.	1	140,178.
	2	Savings and temporary cash investments			582,460.	2	477,803.
	3	Pledges and grants receivable, net			36,274.	3	84,041.
	4	Accounts receivable, net			86,366.	4	294,150.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	e)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		3,448.	9	3,386.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	41,622.			
	b	Less: accumulated depreciation		41,622.	3,380.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,350.	15	27,577.	
	16	Total assets. Add lines 1 through 15 (must equ	907,147.	16	1,027,135.		
	17	Accounts payable and accrued expenses	71,196.	17	93,984.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
≝		key employees, highest compensated employee	-				
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			E4 406	25	02.004
	26	Total liabilities. Add lines 17 through 25			71,196.	26	93,984.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			126 045		E10 11E
anc	27	Unrestricted net assets			136,947.	27	719,117.
Bal	28	Temporarily restricted net assets			699,004.	28	214,034.
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here			
S O		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			025 051	32	022 151
_	33	Total net assets or fund balances			835,951.	33	933,151.
	34	Total liabilities and net assets/fund balances			907,147.	34	1,027,135.

Pa	rt 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	1,75	3,7	19.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,65	6,5	<u> 19.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83	5,9	<u>51.</u>		
5	Net unrealized gains (losses) on investments						
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	93	3,1	51.		
Pa	rt 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: Cash X Accrual 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?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			H ECONOMIC					10-1843411
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 12, of	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a q	overnmental unit descril	bed in
		section 170(b)(1)(A)(iv). (C		,	·	, ,		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					I nublic described in
•		section 170(b)(1)(A)(vi). (C		intial part of its support	rom a gov	Ciriiricinta	unit of from the general	i publio deceribed iri
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9	H					ad in coni	ination with a land grant	collogo
9		An agricultural research org						
		or university or a non-land-g	grant college or agric	ulture (see instructions)	cinter tine	marrie, Cit	y, and state of the collec	je oi
40		university:	Un van a sir van v (4) van va	than 00 1/00/ of its aver				
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	•	•	•			
12		An organization organized a	•	•	•		•	
		more publicly supported or						Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
а			· ·	•	•			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b			anization supervised	I or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g		ride the following information						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								ļ
Tot:	al							

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Schedule A (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,220,903.	928,593.	861,484.	829,983.	631,976.	4,472,939.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,220,903.	928,593.	861,484.	829,983.	631,976.	4,472,939.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,970,978.
6	• • • • • • • • • • • • • • • • • • • •						2,501,961.
	ction B. Total Support	Γ			г		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 829, 983.	(e) 2018 631, 976.	(f) Total
	Amounts from line 4	1,220,903.	928,593.	861,484.	829,983.	631,9/6.	4,472,939.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	000	0.00	F 0.7	077	1 010	4 256
	and income from similar sources	920.	960.	587.	877.	1,012.	4,356.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 000	1	701	0 006	0 700	20 576
	assets (Explain in Part VI.)	1,000.	1.	701.	9,086.	9,788.	20,576.
11			,			3	4,497,871. ,695,631.
12	Gross receipts from related activities,	=				· · · · · · · · · · · · · · · · · · ·	,090,031.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2018 (column (f)\		14	55.63 %
15	Public support percentage from 2017					15	49.37 %
	33 1/3% support test - 2018. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	U		,		,	► X
b	33 1/3% support test - 2017. If the o						
_	and stop here. The organization qual						▶
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	ū					Ť
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization						s

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support	siow, piease com	piete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
							> L_
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2017					16	9
	tion D. Computation of Inves						
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶∟
b	33 1/3% support tests - 2017. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From				
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
<u>i</u>		over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
<u>e</u>	⊏xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Cumplemental Information Devide the evaluations required by Det II like 10, Det II like 17, and 7h, Det III like 10.
T GIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE 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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EARTH ECONOMICS

Employer identification number 20-1843411

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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?	Yes L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ıferring
_			
Pai	•		IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	I historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		
3		eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	accoment is legated	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
Ū		, mandaning or violations, and officing contonv	ation describing dailing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$, ,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	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 tre	-	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	IS TOR FORM 990.	Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	r Simila	r Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at are a siç	gnificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	ı 🔲 ı	_oan or exc	hange progra	ams				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	ion's exen	npt purpos	e in Par	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's c	ollection?			\square	Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contributior	ns or other as	ssets not i	ncluded		_	
	on Form 990, Part X?							<u></u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fe							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	n provided on	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	t are held a	and administe	ered for th	e organiza	tion		
	by:								Г	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	D, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated		(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other			4	1,622.		41,62	2.		0.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line	10c.)					0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 EARTH ECONO	DMICS		20	-1843411 _{Page}
Part VII Investments - Other Securities.		" 441 0 5 000 0		
Complete if the organization answered "Yes' (a) Description of security or category (including name of security)				d of year market value
**	(b) Book value	(c) Method of Value	ation. Cost or end	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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, Par	t X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of value	ation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (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 Pa	rt Y line 15	
	Description	ille 11d. See 1 oilli 990, 1 a	τ λ, iii le 13.	(b) Book value
	, Decempation			(a) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes'	on Form 990, Part IV,		90, Part X, line 25	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)			
Liability for uncertain tax positions. In Part XIII, provid		te to the organization's final	ncial statements	that reports the
Lasing for anocitain tax positions. In fatt Am, provid	2 110 10VI OI 1110 1001110	organization o ilila	statements	and roporto tile

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

Schedule D (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		CONOMICS							434	11		
Part I Excess Ben	efit Transa	actions (section 5	01(c)(3), secti	ion 501(c)(4), and 50	01(c)(29) organizat	ons onl	y).				
Complete if the	organization	answered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ,	Part V,	line 40	Ob.			
1 (a) Name of disqualified	norson	(b) Relationship bet			ified	c) Description of tr	oncooti	an.		(d)	(d) Corrected?	
(a) Name of disqualified	person	person and o	organiza	ition	,,	bescription of the	ansacii	JII		Y	es	No
										_		
										_		
										+	-+	
2 Enter the amount of tax	ingured by t	ha arganization ma	200000	or diag	ruglified paragradu	ring the year unde	<u></u>					
	,	· ·	U			0 ,		• ¢				
3 Enter the amount of tax					anization							
• Enter the amount of tax	t, ii diriy, ori iii t	0 2, above, reimbar	oca by	1110 01	garnzation			Ψ				
Part II Loans to an	nd/or From	Interested Per	rsons.									
Complete if the	organization	answered "Yes" on	Form 9	90-EZ	, Part V, line 38a or I	Form 990, Part IV,	line 26;	or if th	ne orga	anizati	on	
reported an am	ount on Form	990, Part X, line 5,	6, or 22	2.		_						
(a) Name of	(b) Relations		(d) Loa from		(e) Original	(f) Balance due	(g) In	(h) Ap by bo	proved ard or	(i) W	/ritten
interested person	with organiza	ation of loan	organiz		principal amount		def	ault?	committee?		agreement?	
			То	From			Yes	No	Yes	No	Yes	No
												<u> </u>
								1				
							+	-				_
							+	+				
Total					> \$					_		•
Part III Grants or A	ssistance	Benefiting Inte	reste	d Pei	rsons.							
Complete if the	organization	answered "Yes" on	Form 9	90, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship			(c) Amount of	(d) Typ) Purp		f
		interested per		d	assistance	assista	ance			assist	ance	
		the organiz	allUll									
		1				1						

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 EARTH ECONOMICS Part IV | Business Transactions Involving Interested Person

Complete if the organization answered	•	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
		2 06 560	GEDIII GE GOV	Yes	No
DAVID BATKER	DAVID BATKER IS THE		SERVICE CON		X
DAVID COSMAN INGRID RASCH	DAVID COSMAN IS A EINGRID RASCH IS THE		GRANT REVEN GRANT REVEN		X
INGRID RASCH	INGKID KASCH IS THE	29,557	GRANI KEVEN		Λ
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see	e instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: DAVID	BATKER				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	ID ORGANIZAT	'ION:		
DAVID BATKER IS THE PRESI	ENT OF THE ORGANIZA	ATION FOR MA	JORITY OF T	HE Y	EAR.
(D) DESCRIPTION OF TRANSAC	TION: SERVICE CONTR	RACT REVENUE	FROM COMPA	NY	
MR. BATKER FOUNDED AND OWN	IED AFTER LEAVING TE	IE ORGANIZAT	ION		
(A) NAME OF PERSON: DAVID	COSMAN				
(B) RELATIONSHIP BETWEEN I		ID ORGANIZAT	······································		
DAVID COSMAN IS A BOARD ME					
(D) DESCRIPTION OF TRANSAC	TION: GRANT REVENUE	FROM A FOU	NDATION THA	T MR	
COSMAN IS RELATED TO.					
(A) NAME OF PERSON: INGRII) RASCH				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	ID ORGANIZAT	'ION:		
INGRID RASCH IS THE BOARD	CHAIR OF THE ORGANI	ZATION.			
(D) DESCRIPTION OF TRANSAC	TION: GRANT REVENUE	FROM A FOU	NDATION THA	т	
MRS. RASCH ALSO IS A BOARI) MEMBER ON.				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public

Open to Public Inspection

Name of the organization

EARTH ECONOMICS

Employer identification number 20-1843411

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCIAL INFORMATION IS PREPARED BY BOOKKEEPING STAFF AND SUBMITTED TO

EXTERNAL CPA FOR PREPARATION. EXECUTIVE DIRECTOR REVIEWS THE FINANCIAL

INFORMATION AND THE 990 DRAFT. EXECUTIVE DIRECTOR PROVIDES THE 990 DRAFT TO

BOARD MEMBERS FOR APPROVAL PRIOR TO SIGNING AND EXTERNAL CPA FILING. THE

FINANCIAL STATEMENTS ARE AUDITED EVERY THREE YEARS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY EACH DIRECTOR. ISSUES, IF
ANY, ARE RAISED AT BOARD MEETINGS WHERE DECISION IS MADE WHETHER A CONFLICT
EXISTS OR NOT. POLICY IS MONITORED BY SENIOR LEADERSHIP TEAM AND BOARD
MEMBERS TO ENSURE COMPLIANCE.

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

BOARD OF DIRECTORS COMPARES EXECUTIVE DIRECTOR AND PRESIDENT SALARY TO

OTHER NON-PROFITS. ALL BOARD MEMBERS MUST APPROVE COMPENSATION PACKAGE

CHANGES. THE DECISION IS DOCUMENTED IN BOARD MINUTES AND BY THE ACCOUNTING

TEAM.

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

THE 990 IS POSTED ON OUR WEBSITE AND IS AVAILABLE BY REQUEST. CONFLICT OF INTEREST OUESTIONAIRES ARE UPDATED ANNUALLY BY EACH BOARD MEMBER.