EARTH DAY NETWORK, INC.

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, SCH. A-ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) & SCH. B-SCHEDULE OF CONTRIBUTORS, CA-199, CA RRF-1 & AG990-IL

Year Ending December 31, 2017

Federal Tax Return

EARTH DAY NETWORK, INC.

2017

Webb Financial Services, PLLC 12844 Parapet Way Oak Hill, VA 20171 Phone: (703) 620-2600 Fax: (703) 648-0969 scott@webbfinancialservices.com



Department of the Treasury Internal Revenue Service Ogden UT 84201
 Notice
 CP211A

 Tax period
 December 31, 2017

 Notice date
 May 21, 2018

 Employer ID number
 13-3798288

 To contact us
 Phone 1-877-829-5500

 FAX 801-620-5555

Page 1 of 1



069238

Important information about your December 31, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2017 Form 990.

Your new due date is November 15, 2018.

What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Form 990 (2017)

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization EARTH DAY NETWORK, INC. D Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13-3798288 Name change 1616 P STREET NW 340 E Telephone number Initial return City or town ZIP code (202) 518-0044 WASHINGTON 20036 DC Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return 4.002,459 Gross receipts \$ F Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for subordinates? Kathleen Rogers 1616 P Street, N.W., Suite 340, Washington, DC 20036 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or J Website: www.earthdaynetwork.org. H(c) Group exemption number X Corporation K Form of organization: Association L Year of formation: 1994 Other la M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: The mission of Earth Day Network, Inc. is to broaden and diversify the environmental movement worldwide, and to mobilize it as the most effective vehicle for promoting a healthy, sustainable environment. Check this box | I 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) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 21 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 1,309,818 3,952,438 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 641 1,124 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -13,234-43,664 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,297,225 3,909,898 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 146,550 198,450 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 1,029,047 1,105,754 16a Professional fundraising fees (Part IX, column (A), line 11e) 20,000 18,000 Total fundraising expenses (Part IX, column (D), line 25) > 148,495 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 622,128 1,648,078 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 1,817,725 2,970,282 19 Revenue less expenses. Subtract line 18 from line 12. -520,500 939,616 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . . . 338,399 1,394,765 21 Total liabilities (Part X, line 26) 32,963 149,713 Net assets or fund balances. Subtract line 21 from line 20 305,436 1,245,052 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 Sign Signature of officer Here Type or print name and title Print/Type preparer's name Check X if Paid Scott A Webb, CPA, CFP 8/3/2018 self-employed Preparer Firm's name Webb Financial Services, PLLC Firm's EIN ► 30-0126548 Use Only Firm's address > 12844 Parapet Way, Oak Hill, VA 20171 Phone no. (703) 620-2600 X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
		5		V
6	Part III	3		X
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Q. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	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.	Luci	3.5	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII.	110		х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		 ^-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
b	3,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		, ,	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV.	4.5	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	Х	_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	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? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
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
			990	

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Parl	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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
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		х
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 Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		$\stackrel{\sim}{-}$	
	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part V	25a		х
	45/A 1998	25a	-	_
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			
	Access Supplied	O.F.h.		v
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		Х
27	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? If "Yes," complete Schedule L, Part III	27	(WOW)	Х
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):	1000		RAME
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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 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		Х
37	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? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

13-3798288 Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			4.
	Statements, filed for the calendar year ending with or within the year covered by this return			H
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	and the second
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		Tr.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule-O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		x
b	If "Yes," enter the name of the foreign country:	4d	90° 200	
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	201104101	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		l x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			V.,
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	AND N	500.70
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- COLUMN 1	Ju.	
	sponsoring organization have excess business holdings at any time during the year?	8	No. No. of Co.	emin
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	3 3	\vdash
10	Section 501(c)(7) organizations. Enter	90	400	Co. H
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		c	7
11	Section 501(c)(12) organizations. Enter:			3. 1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/ZOI	98
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		3.7
	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			
C	Enter the amount of reserves on hand	20.00		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

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.........

Sect	ion 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	1000		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			5.57
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1	x
_	Did the organization have members or stockholders?	6	_	x
6		-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	I _		
	one or more members of the governing body?	7a		<u>X</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	_
		1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this-Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	983901	RUSAN	RESERVE
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	Puttishe
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		-
•		420	v	
42	A 100 A	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	7000
14	Did the organization have a written document retention and destruction policy?	14	Х	Pro III III III
15	Did the process for determining compensation of the following persons include a review and approval by			監理
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200		整数
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	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).	遺牒		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement	(720)	20000	TOGE ?
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			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	cv. an	d	
	financial statements available to the public during the tax year.	- y , said	-	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
_	Kathleen Rogers 202-518-0044	-		
	1616 P St. NW, Washington, DC 20036		1000	20020

Form 990 (2017)	EARTH DAY NETWORK, INC.									13-37982	88 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	(ey	Em	plo	yee	s, F	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		te to	anv	v lin	e ir	n this	Pa	art VII		🖂
Section A.	Officers, Directors, Trustees, Key E	<u> </u>									· · · · · · · · · · · · · · · · · · ·
- 31	his table for all persons required to be I									with or within the	
organization's	•	iisted. Neport co	mper	isati	0111	OI ti	ne ca	Cilc	an year ending	WILLI OF WILLIEF THE	
• List all • List the who received	of the organization's current officers, di on. Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of For- and any related organizations.	F) if no compens yees, if any. See opensated emplo	sation e instr oyees	wa: ructi (otl	s pa ons her	id. for thar	defini	ition	of "key employe er, director, trust	ee." ee, or key emplo	
	of the organization's former officers, ke eportable compensation from the organ							ed e	employ ees -who r	eceived more the	an
	of the organization's former directors of the organization's former than \$10,000 of reportable compe										the
	n the following order; individual trustees employees; and former such persons.	or directors; ins	titutio	nal	trus	tee	s; offi	cers	; key employees	s; highest	
Check thi	s box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted ar	ıy c	urrent officer, dir	ector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos eck	rson	is both or/trust	en	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Gerald	Tores	1.00	1	h-							
Chairman		0.00	X	1	_				0	0	0
	nt Tarja Halonen	1.00									
Board Membe		0.00							0	0	0
(3) Nathan		1.00							_		
Board Member		0.00		-	 	\vdash	\vdash	-	0	0	0
(4) Louie S		1.00	1								
(5) Denis H		2.00	_			\vdash		\vdash	0	0	0
Board Membe		0.00	1						0		,
(6) Nora Po		1.00	┝	\vdash	\vdash	\vdash		\vdash		0	0
Board Membe		0.00	x						0	0	0
(7) Molly O		1.00	_			\vdash	\vdash	\vdash	0		
Board Membe		0.00							0	o	0
	n Susteren, MD	1.00		 	1			_	•		
Board Member		0.00		-					О	o	0
(9) Kathlee		40.00	Ė						Ū	Ť	<u></u>
President		0.00			x				199,634	0	5,925
(10) Susan	Bass	40.00	_				I		,		
Sr. Vice Presi	dent	0.00			x		L	L	141,481	o	9,848
(11) Scott W	/ebb	8.00									
CFO		0.00			х				38,973	0	0

(12)

(13)

(14)

Form 990 (2017) EARTH DAY NETWORK, INC. 13-3798288 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (B) (do not check more than one (D) (E) (F) (A) Reportable Name and title Average box, unless person is both an Reportable Estimated compensation compensation hours per officer and a director/trustee) amount of week (list any employee from from related other Individual trustee Key employee Institutional trustee Highest compensated or director compensation hours for the organizations related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organizations organization below dotted and related organizations line) (15) (16)(17) (18) (19)(23) (25)1b 380,088 0 15,773 Total from continuation sheets to Part VII, Section A. 0 0 Total (add lines 1b and 1c). . . . 380,088 15,773 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 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? If "Yes," complete Schedule J for such 4 Х Did any person listed on line a receive or accrue compensation from any unrelated organization or individual Section B. Independent Contractors 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)	(B)	(C)
	Name and business address	Description of services	Compensation
			0
			0
	4343		0
			0
			0
2	Total number of independent contractors (including but not limited to those listed above more than \$100,000 of compensation from the organization) who received	

Statement of Revenue

(A) (B) (D) Unrelated Total revenue Related or Revenue exempt business excluded from function revenue tax under sections 512-514 revenue 1a 1,050 Contributions, Gifts, Grants and Other Similar Amounts 1b 1c 106,050 1d Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above. 1f 3,845,338 Noncash contributions included in lines 1a-1f: Total, Add lines 1a-1f 3,952,438 **Business Code** 2a ٥ Program Service 0 0 0 All other program service revenue . . . Total. Add lines 2a-2f. Investment income (including dividends, interest, and 1,124 1,124 Income from investment of tax-exempt bond proceeds. 0 5 Royalties 247 247 (i) Real (f) Personal Gross rents 24,200 6a 35,663 Less: rental expenses c Rental income or (loss). -11,463 -11,463 d Net rental income or (loss). (h) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . c Gain or (loss) . . . 0 d Net gain or (loss) . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 24,450 b Less direct expenses. 56.898 c Net income or (loss) from fundraising events . -32.4489a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses. 0 c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less 0 Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a 0 0 0 0 All other revenue Total. Add lines 11a-11d . . . 0 Total revenue. See instructions.

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 Pa	art IX 🦿		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	141,450	141,450		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0		A	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	57,000	57,0 00		
4	Benefits paid to or for members	0	Addition		
5	Compensation of current officers, directors,				
	trustees, and key employees	395,861	289,080	71,092	35,689
6	Compensation not included above, to disqualified		45.19		
	persons (as defined under section 4958(f)(1)) and		A CONTRACTOR OF THE PARTY OF TH		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	603,753	504,158	54,339	45,264
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	4,795		0	0
9	Other employee benefits	31,408	27,797	2,242	1,369
10	Payroll taxes	69:987	62,582	3,600	3,755
11	Fees for services (non-employees):				
а	Management	0	100	- 2	
b	Legal	7,152	1,500	5,652	
C	Accounting	13,046		13,046	F 8006 3
d	Lobbying	0	f management		
е	Professional fundraising services. See Part IV, line 17.	18,000			18,000
f	Investment management fees	0		1	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	125,521	15,664	109,857	
12	Advertising and promotion	22,598		6,347	
13	Office expenses	17,839	7-1-11	10,917	
14		14,399		10,788	
15	Information technology	0			
16	Occupancy	118,618	87,054	13,206	18,358
17	Travel	145,511		20,597	1,722
18	Payments of travel or entertainment expenses		,		27.21
-	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	3,793	135	3,658	
20	Interest	2,088		2,088	
21	Payments to affiliates	0		2,000	
22	Depreciation, depletion, and amortization	3,194		3,194	0
23	Insurance	10,312		10,312	To a Section 19
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.)				
а	Program expenses	889,306	889,255	51	
b	Web hosting and marketing	39,890			18,525
C	Contract Labor	76,986			
d	Equipment rental	66,374		3,607	
e	All other expenses	91,451		25,107	5,813
25	Total functional expenses. Add lines 1 through 24e	2,970,282			148,495
26	Joint costs. Complete this line only if the	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, .00,012	0.0,0,0	. 10,100
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	TOTAL TOTAL PROPERTY OF THE PR				000

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			26.5%
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		303,374	1	182,718
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		0	3	900,000
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated em	ployees	\triangle		
		Complete Part II of Schedule L.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	5	
	6	Loans and other receivables from other disqualified persons (as de-	efined under section		BUS	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees				
8		organizations (see instructions). Complete Part II of Schedule L.		0	6	
Assets	7	Notes and loans receivable, net	_	0	7	0
ď	8	Inventories for sale or use	part part	0	8	
	9	Prepaid expenses and deferred charges	The state of the s	2,752	9	27,006
	10a	Land, buildings, and equipment: cost or			£3256 ki	
		other basis. Complete Part VI of Schedule D 10a	147,067			100
	Ь	Less: accumulated depreciation	142,376	7,885	10c	4,691
	11	Investments—publicly traded securities		13,323		5,508
	12	Investments—other securities. See Part IV, line 11		559		14,336
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		10,506	_	260,506
	16	Total assets. Add lines 1 through 15 (must equal line 3		338,399		1,394,765
	17	Accounts payable and accrued expenses		31,264	_	147,858
	18	Grants payable	HIERON .	0	18	147,000
	19	Deferred revenue	0	_		
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability. Complete Part V	0	_		
S	22	Loans and other payables to current and former officers			a voice de contra consecuencia de s	
Liabilities		trustees, key employees, highest compensated employ	the state of the s			
豆		disqualified persons. Complete Part II of Schedule L		0	22	
Ë	23	Secured mortgages and notes payable to unrelated thin		0		0
	24	Unsecured notes and loans payable to unrelated third p		0	_	0
	25	Other liabilities (including federal income tax, payables		<u> </u>	24	0
	23	parties, and other liabilities not included on lines 17-24)				
		Part X of Schedule D		1,699	25	4 055
	26	Total liabilities. Add lines 17 through 25		32,963		1,855
_	20			32,903	20	149,713
on.		Organizations that follow SFAS 117 (ASC 958), chec	k here ► X and			
9		complete lines 27 through 29, and lines 33 and 34.	9			I was a reason of
<u>a</u>	27	Unrestricted net assets		276,727	27	95,052
Ba	28	Temporarily restricted net assets		28,709	28	1,150,000
2	29	Permanently restricted net assets		0	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check h	ere and			
ō		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	9	0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen		0	31	
¥	32	Retained earnings, endowment, accumulated income, or		0	32	
N N	33	Total net assets or fund balances		305,436	$\overline{}$	1,245,052
. []	34	Total liabilities and net assets/fund balances		338,399		1,394,765
_			FUSA 30	000,088	U-7	1,007,700

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number**

EARTH DAY NETWORK, INC. 13-3798288 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II/) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type IIII functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. 0 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2017 EARTH DAY NETWORK, INC. 13-3798288 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,273,562 1,493,807 1,986,623 1,309,818 3,109,941 9,173,751 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 1,273,562 309,818 1,493,807 1,986,623 9,173,751 Total. Add lines 1 through 3 3,109,941 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) 2.069.939 Public support. Subtract line 5 from line 4 7,103,812 Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 1.273,562 1,493,807 1.986,623 1.309.818 3,109,941 9,173,751 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 240,454 50.689 54,743 81,469 50,021 477,376 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9.651.127 Total support, Add lines 7 through 10. 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 73.61% 15 66.90% 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test 2017. 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 stop here. Explain in

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			200000000000000000000000000000000000000			
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise		8				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				_ A		0
3	Gross receipts from activities that are not an	Y					
-	unrelated trade or business under section 513	54EC = 536E			W W	k	0
4	Tax revenues levied for the organization's				423,000		27 - 28
	benefit and either paid to or expended on						
	its behalf					4	0
5	The value of services or facilities	W/WWW		4			
•	furnished by a governmental unit to the			4			
	organization without charge			-	1		0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			W.			0
h	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year			7 70			0
c	Add lines 7a and 7b	0	ò	0	0	o	0
8	Public support (Subtract line 7c from	Exclusive sur-			- X-1	Selection of the Selection	
•	line 6.)						0
Sec	tion B. Total Support		Alle	Dank test Williams		The state of the s	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	46	0	0	0		0
	Gross income from interest, dividends	-				1	
100	payments received on securities loans, rents,	Allenan					
	royalties, and income from similar sources	V 5					0
h	Unrelated business taxable income (less						
•	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		, i	, ,	Y	<u> </u>	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .	1					0
12		A	***				
•	loss from the sale of capital assets						
	(Explain in Part VI.)		1				0
13	Total support. (Add lines 9, 10c, 11	7	100000				
•	and 12.)	0	o	0	0	اها	0
14	First five years. If the Form 990 is for the o	roanization's first.					
	organization, check this box and stop here	=		•		* *	▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, c			۸۱		15	0.00%
16	Public support percentage from 2016 Sched		•	, ,		16	0.00%
	tion D. Computation of Investmen					10	0.0078
17	Investment income percentage for 2017 (line			olumn (ft)		17	0.00%
18	Investment income percentage from 2016 Se		-			18	0.00%
	33 1/3% support tests—2017. If the organi						0.00%
	not more than 33 1/3%, check this box and s						▶ □
b	33 1/3% support tests—2016. If the organi	-			_		
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did i	•	-				

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.	Ali	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 (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
2 3a		
3b 3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
90		
10a		
10b		00055

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	<u>)rgani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nization	s 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	0	0
5 Depreciation and depletion	5	A .	000 -000
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	Age of the same	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount	4	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	-		de la
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		24
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		Schrift and the second
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other	6 (333)		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	7.3	
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	\Box		
see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	10000000000000000000000000000000000000	
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functiona	lly inted	rated Type III supporting o	
instructions).	,	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	

0

0

0

Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3

Part VI. See instructions.

Breakdown of line 7: a Excess from 2013. b Excess from 2014.

c Excess from 2015.

Excess from 2016.

Excess from 2017.

and 4c.

Schedule A (F	Form 990 or 990-EZ) 2017	13-3798288	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	7a 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; Par		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E,		
	3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Pa	irt V, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
Part II Sec	ction A Line 1 2015 Unusual Grants Excluded - \$1,533,985		
Part II Sec	ction A Line 1 2017 Unusual Grants Excluded - \$842,497		
	A		
		·	
		<u></u>	
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	·····		
			7.7.7.1.1.1.7.7.7.7

<u> </u>			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

EARTH DAY NETWORK, I	NC.	13-3798288
Organization type (check	one):	
Filers of:	Section:	
	——————————————————————————————————————	A .
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	is in (a)(1) honoxompt anamasia tradi action acta private contacti	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	***
	c)(7), (8), or (10) organization can check boxes for both the Gen eral Rule and a	Special Rule. See
instructions.		
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instructions contributions.	
Special Rules		
X For an organization	n described in again, 501/a)/3) Eliza Farra 000 as 000 F7 that mat the 00 1/0/	DV accompanied hands and the a
regulations under	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 osections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or	990-EZ), Part II, line
	nd that received from any one contributor, during the year, total contributions of of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receithe year, total contributions of more than \$1,000 exclusively for religious, chari	eived from any one table, scientific
	onal purposes, or for the prevention of cruelty to children or animals. Complete	
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	eived from any one
contributor, during	the year contributions exclusively for religious, charitable, etc., purposes, but it	no such
	ad more than \$1,000. If this box is checked, enter here the total contributions the	
	an exclusively religious, charitable, etc., purpose. Don't complete any of the pa lies to this organization because it received nonexclusively religious, charitable	
	more during the year	
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules doesn't file Sch	edule B (Form 990
990-EZ, or 990-PF), but it i	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
	to certify that it doesn't meet the filing requirements of Schedule B (Form 990,	

Name of organization Employer identification number EARTH DAY NETWORK, INC. 13-3798288

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David and Lucille Packard Foundation 343 2nd Street Los Altos CA 94022 Foreign State or Province: Foreign Country:	\$ 150,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Swift Wings Foundation 924 W. Wolfensberger Road Castle Rock CO 80109 Foreign State or Province: Foreign Country:	\$ 100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Toyota Foundation 19001 South Western Avenue Torrance CA 90501 Foreign State or Province Foreign Country:	\$ 225,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP+4	(c) Total contributions	(d) Type of contribution
4	UPS Foundation 55 Glenlake Parkway NE Atlanta GA 30328 Foreign State or Province: Foreign Country:	\$ 285,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Taitan Chi Foundation 675 Seminole Avenue NE, No.112 Atlanta GA 30307 Foreign State or Province: Foreign Country:	\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	March For Science 60 East 42nd St., Suite 565 New York NY 10165 Foreign State or Province: Foreign Country:	\$ 842,497	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
EARTH DAY NETWORK, INC.

Employer identification number 13-3798288

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization NY NETWORK, INC.		Employer identification number 13-3798288
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year	ear from any one contributor. On ompleting Part III, enter the total	escribed in section 501(c)(7), (8), or complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	Use duplicate copies of Part III if additional		
(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 2	ZIP + 4 Rela	tionship of transferor to transferee
(a) Na	For Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift Rela	ntionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	Transferee's name, address, and a	(e) Transfer of gift	
	For Prov. Country	TET 4	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferrale name address and	(e) Transfer of gift	Alamahin agammagamma a amangamma
	Transferee's name, address, and a	rr + 4 Rela	itionship of transferor to transferee
	For, Prov. Country		

SCHEDULE D (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name	of the organization		Employer identification number
EAR	TH DAY NETWORK, INC.		13-3798288
		Advised Funds or Other Similar Fu	
		ed "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)	9	
4	Aggregate value at end of year		
-		an advisa sa in cuitina that the access had t	a decreation
5	Did the organization inform all donors and don		
^	funds are the organization's property, subject t		1 1001
6	Did the organization inform all grantees, donor		
	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene	mt?	Yes No
Pai	t II Conservation Easements.		
22 —	Complete if the organization answer	ed "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., r	ecreation or education) Preservation	of a historically important land area
	Protection of natural habitat	A100 TO THE RESERVE T	on of a certified historic structure
		Teservatio	or or a certified filstoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	death will be
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	🐠	
b	Total acreage restricted by conservation easer	Account.	
C	Number of conservation easements on a certif		
d	Number of conservation easements included i		
	historic structure listed in the National Registe		
3	Number of conservation easements modified,	transferred, released, extinguished, or tern	minated by the organization during
	the tax year		
4	Number of states where property subject to eq		
5	Does the organization have a written policy re-		, handling of
	violations, and enforcement of the conservation	n easements it holds?	
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
	·	M	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	> \$	7	
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	1 (2 4704) (4 (5)(2)0		Yes No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the t	ext of the footnote to the organization's fina	ancial statements that describes
	the organization's accounting for conservation	easements.	
Pai	t III Organizations Maintaining Collect	ions of Art, Historical Treasures, or	r Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
1a			
	works of art, historical treasures, or other simil		
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other simil		
	of public service, provide the following amount		and, or research in fartherance
	(i) Revenue included on Form 990, Part VIII, I		▶ ¢
	(i) Assets included in Form COO. Doe V	me	•
2	(ii) Assets included in Form 990, Part X	thistorical transverse as attended to the	oto for financial axis, sensible the
2	If the organization received or held works of a		
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line	1 ,	• \$
<u></u> b	Assets included in Form 990, Part X		<u> ▶ \$</u>

Par	t III Organizations Maintaining Collect	tions of Art, Histo	rical Trea	asures, or	Other :	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, accession								
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan	or exchange	program	ıs			
b	Scholarly research	e	Other						
С	Preservation for future generations		,	100000000000000000000000000000000000000					530
1	Provide a description of the organization's co	llactions and avalain b	ou thou fi	uthor the ora	onizotio	n'a avamnt nurn	oo in De		
-	XIII.	mections and explain in	ow they it	iitiiei tiie oig	ariizatio	ii s exempt purpt	75¢ III F	ai t	
5	During the year, did the organization solicit or	r receive donations of	art historia	ral treasures	or othe	r elmilar			
3	assets to be sold to raise funds rather than to					ATOM .	∏ Y€	.e 🗀	No
Dor			COLUITO OIS	juni2000110 0	011001101	1	<u> </u>	,	110
Par	Escrow and Custodial Arrangeme Complete if the organization answe		OOO Bort	IV line 0 .e	r range	tad an amount	on For	-	
	990, Part X, line 21.	ned tes on Folilis	990, Pail	iv, inte 9, c	epor	red an amount	OII FOI	Ш	
40			for oant	ibudiana and	le de la	ata nat			
1a	Is the organization an agent, trustee, custodic included on Form 990, Part X?		•		mer ass	ets not		<u>.</u>	Mo
h	If "Yes," explain the arrangement in Part XIII			- Table 10 P			Y€	;s	No
b	ii res, explain the arrangement in Part Alli	and complete the lollo	wing table	-		T	Amount		
С	Beginning balance			A STATE OF THE PARTY OF THE PAR	70		Amount		0
d	Additions during the year			Econol Was	1d				
e	Distributions during the year			Section 2	1e				100
f	Ending balance			7600000	15 1f		2002		0
_	-		ACCOUNT	ALC: UNIVERSITY OF				s X	
2a	Did the organization include an amount on Fo		Access .	4000		* 100 %		" 	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation na	as been provi	ded on	Part XIII			
Pari	V Endowment Funds.		Marie and the second						
9.99	Complete if the organization answe								
		Current year (b) Pri	or year	(c) Two years		(d) Three years back		ur years	back
1a	Beginning of year balance	0	0		이		0		0
b	Contributions	4 4			_				
С	Net investment earnings, gains,								
	and losses				_				_
d	Grants or scholarships				_			-	
е	Other expenditures for facilities	The same of the sa							
	and programs	A -					9		
, a	End of year balance	7 0	0		0		0		0
9 2	Provide the estimated percentage of the curre			dumn (a)) hel			<u> </u>		
a	Board designated or quasi-endowment	%	inte 19, cc	diffit (a)) fie	u as.				
b	Permanent endowment	6/6							
c	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c/sho								
3a	Are there endowment funds not in the posses		on that are	held and ad	minister	ed for the			
	organization by:							Yes	No
			187 V				3a(i)		
	400 TO 100 TO 10	202 0 0					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
_4	Describe in Part XIII the intended uses of the								
Part									
	Complete if the organization answe		990. Part	IV. line 11a	. See F	orm 990. Part	X. line	10.	
	Description of property	(a) Cost or other basis		st or other		Accumulated		ook value	
	, , ,	(investment)		s (other)		epreciation	(, -		
1a	Land	0		0	特別指				0
b	Buildings	0		0		0			0
¢	Leasehold improvements	0		0		0			0
d	Equipment	0		111,831		107,140			4,691
е .	Other	0		35,236		35,236			0
Tota	LAdd lines 1a through 1e. (Column (d) must e.	qual Form 990 Part X	column /	3) line 10c l		•			4 601

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

(a) Description of security or category	(b) Book value	O, Part IV, line 11b. See Form (c) Method of value	
(including name of security)	(b) Book Value	Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)		A	
(C) (D)			
(E)	•		
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Related.			
Complete if the organization answere	ed "Yes" on Form 990	0, Part-IV, line 11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valo	
40		post of end-of-year ni	arket value
(1)			
(3)	A		
(4)			
(5)			
(6)	The same of the sa		0° 10 10 -
(7)	A		
(8)			
(9)		(1 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	(特) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	le de la companya de
Part IX Other Assets.	U E 000	2 5 4 1 4 4 4 6 5	000 5 1 4 5
Complete if the organization answere		J. Part IV, line 11d. See Form	
(1) Rent deposit	приоп		(b) Book value 10,506
(2) Contributions receivable - net of current portion			250,000
(3)	-		200,000
(4)	A.		
(5)	7		
(6)	19000-000-00-00-00-00-00-00-00-00-00-00-0		
(7)			10 10 00 00 00 00 00 00 00 00 00 00 00 0
(8)			20 00 20
(9)			- 10-12-
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		260,506
Part X Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 99	0, Part IV, line 11e or 11f. See	Form 990, Part X,
(a) Description of fiability	(b) Book value		
(1) Federal income taxes	(b) BOOK Value		
(2) Pension contribution payable	1,855		
(3)	1,000		
(4)			
(5)			
(6)			
(6)			

1,855

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

Schedu	ile D (Form 990) 2017 EARTH DAY NETWORK, INC.	13-3798288	Page 4
Par		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total revenue, gains, and other support per audited financial statements	1	4,002,450
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	5	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	51	
6	Add lines 2a through 2d	2e	92,561
3	Subtract line 2e from line 1	3	3,909,889
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	9	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,909,898
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,062,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	31	
е	Add lines 2a through 2d	2e	92,561
3	Subtract line 2e from line 1	3	2,970,273
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII The 7b		
b	Other (Describe in Part XIII.)	9	
С	Add lines 4a and 4b	4c	9
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,970,282
	XIII Supplemental Information.	75 - 573	2,0,0,202
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/ line 4: Par	rt Y line
	it XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		t X, iii ic
		mation.	
art)	(I Line 2d Reduction in revenue due to allocation of rental costs (\$35,663) and Gala		
	(FO 000)		
xpe	nditures (\$56,898) as cost of revenues for Form 990, Part VIII, lines 6b and 8b, for a		
otal (of \$92,561.		
art)	(I Line 4b Reclassification of currency exchange losses from revenue to expenses for		
9.			
art)	(If Line 2d Reduction in expenses due to allocation of rental costs (\$35,663) and		
Sala	expenditures (\$55,898) as cost of revenues for Form 990, Part VIII, lines 6b and 8b.		
2007			
or a	total of \$92,561.		
art 2	II Line 4b Reclassification of currency exchange losses from revenue to expenses for		
9.			

Schedule D (Form 990) 2017 EARTH DAY NETWORK, INC.	13-3798288	Page 5
Schedule D (Form 990) 2017 EARTH DAY NETWORK, INC. Part XIII Supplemental Information (continued)		

		1010 200 111

	A	
	J	
	/	
	W	

	•••••	
	•••••	*****

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

EARTH DAY NETWORK, IN	C.				13-3798288
	nation on Acti 90, Part IV, line 14		e the United States. Com	plete if the organization a	nswered
assistance, the grante the grants or assistance	es' eligibility for the	ne grants or ass	ords to substantiate the amou istance, and the selection cri	teria used to awerd	Yes No
assistance outside the	United States.	-	procedures for monitoring the		er
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe, specific type of service(s) in the region	(f) Total expenditures for and investments in the region
East Asia and the (1) Pacific	0	6	Program services	Earth Day India	182,026
(2)				100 C C C C C C C C C C C C C C C C C C	3
(3)					
_(4)					
(6)		-			
(7)		7			
(8)	4				
(9)	-	V			
(10)		<u></u>			
(11)		7			*****
(12)					
(13)					
(15)	1				
(16)					
(17) 3a Sub-total	0	6			192.026
b Total from continuation sheets to Part I	0	0			182,026
C Totals (add lines 3a and 3b)	0	6			182,026

13-3798288 Page 2

Fig.

E .

Schedule F (Form 990) 2017 EARTH DAY NETWORK, INC.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV line 15, for any recipient who received more than \$5,000. Part II can be duringed if additional space is peopled.

Part IV.	line 15, tor an	ly recipient wno rece	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	UO. Part II can be	dupilicated if addition	iai space is need	led.	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal other)
(0)		North America	Tree Planting in Canada for Canopy	42,000	Check			
(2)		North America	Tree Planting in Mexico for Canopy	15,000	Wire			
(3)		1						
(4)		7		100 T PT				
(2)								
(9)				4				
ω		DECORDER						
(8)								
6		SARAGE STATE OF THE PARTY OF TH						
(10)								
(11)								
(12)						4		
(13)		BACLESON STORY						
(14)								
(15)								
(16)						>		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 8

³ Enter total number of other organizations or entities

13-3798288 EARTH DAY NETWORK, INC. Schedule F (Form 990) 2017

Name of

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 9 ŧ ₹ (12) 2 ම 8 흰 Ξ 3 **£** 15 3 8 9 9 3 (18)

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
	Tes	[X] 140
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
4	Certain Foreign Corporations. (see Instructions for Form 5471)	X No
•	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund. (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	_
	Foreign Partnerships. (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X No

Schedule F (Form 990) 2017

	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); I and Part III, column (c) (estimated number of recipients), as applicable. Also complete this		
	additional information. See instructions.	Part III (accounting method s part to provide any);

		<u> </u>	
		7	
		-	
		<u> </u>	
		<u> </u>	
		<u></u>	
••••			
••••		******	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** EARTH DAY NETWORK, INC. 13-3798288 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply X | Mail solicitations Solicitation of non-government grants a f X Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vI) Amount paid to (or retained by) (I) Name and address of individual (IV) Gross receipts (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 Link Strategy Provide contact 3435 Ocean Park Blvd. Ste 107-426 Santa strategy for 12,000 0 0 2 Stephen Whisnant High net worth individual 4511 47th Street, NW Washington DC 2001 0 6,000 0 0 0 4 0 0 0 5 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 18,000 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 (c) Other events (b) Event #2 (d) Total events (add col. (a) through col. (c)) imate Leadership Ga NONE (total number) (event type) (event type) Revenue Gross receipts 130,500 0 130,500 Less: Contributions 106,050 106,050 Gross income (line 1 minus line 2) . . . 24,450 24,450 Cash prizes 0 Noncash prizes 0 Direct Expenses Rent/facility costs 46,398 46.398 Food and beverages . . . 0 0 Entertainment . . . 0 Other direct expenses . . . 10,500 10,500 Direct expense summary, Add lines 4 through 9 in column (d). 56.898) Net income summary. Subtract line 10 from line 3, column (d) 11 -32,448Part 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 0 Direct Expenses Cash prizes . . . Noncash prizes. Rent/facility costs 0 Other direct expenses 0 Yes % Yes Yes Volunteer labor -No No Direct expense summary Add lines 2 through 5 in column (d). Net gaming Income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2017 EARTH DAY NETWORK, INC.	13-3798288 Page 3
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:	
а		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 amount of gaming revenue retained by the third party \$\\ \\$\$	
С	If "Yes," enter name and address of the third party	
·	Tree, ones hame and address of the time party.	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation Substituting the state of t	
	Director/officer Employee Independent contractor	
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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	. · Yes No
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions	information.
	***************************************	***************************************

	***************************************	***************************************

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization EARTH DAY NETWORK, INC.

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2017

OMB No. 1545-0047

271175

Open to Public Inspection Employer identification number

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

13-3798288

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× Yes

the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

990, Part IV, line 21, for any recipient mat leceived in	, ror any recipie	ent mat received	inore man \$5,000. F	art II cari be ouplic	iore man \$5,000. Part il can be ouplicated il additional space is needed	ice is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) /RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Trees for the Future PO Box 7027 Silver Spring, MD 20907	52-1644869	504(c)(3)	108,450				For the planting of trees
(2) Institute for Environmental Innovati PO Box 4607 Tulsa, OK 74159	73-1610432	501(c)(3)	23.606				For the planting of trees
(3)				A.			
(4)							
(9)	,						
(9)							
(2)							
(8)							
(6)							
(10)						1	
(11)					•		
(12)		(3)					
	501(c)(3) and gc	overnment organiz	ations listed in the line 1	table		•	
3 Enter total number of other organizations listed in the line 1 table.	rganizations liste	d in the line 1 table	0				2

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

Schedule I (Form 990) (2017)

13-3798288

EARTH DAY NETWORK, INC.

Schedule I (Form 990) (2017)

chedule I (Fo	chedule I (Form 990) (2017)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	mestic Individua	is. Complete if the	organization answ	ered "Yes" on Form 990	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	space is needed.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
_						
	>					
10						

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 The organization receives grant proposals from the grantees and upon acceptance the grantee is required to provide a

report of the use of funds and areas that were planted under the grants. Many grants are paid on a progress of work basis after the

report is received.

SCHEDULE J (Form 990)

Compensation Information
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EARTH DAY NETWORK, INC.

Employer Identification number

13-3798288

Pai	t i Questions Regarding Compensation			Yes	No
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use	17.		
	Travel for companions	Payments for business use of personal residence	9.0		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	100		
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)	53.55		
þ		ganization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses explain	ALTO ALTO ALTO ALTO ALTO ALTO ALTO ALTO	46		
	explain		1b	6556550	E-562-07
2	Did the organization require substantiation prior to re	simbursing or allowing expenses incurred by all	200,000	Michigan	Elivinia.
•		executive Director, regarding the items checked on line			
	1a?	ALTONIA TO MANAGEMENT OF THE PARTY OF THE PA	2		
			1		
}	Indicate which, if any, of the following the filing organ				
	related organization to establish compensation of the	at apply. Do not check any boxes for methods used by a			
	Compensation committee	Written employment contract			
					Div
	Independent compensation consultant	Compensation survey or study	Terror		
	Form 990 of other organizations	Approval by the board or compensation committee			
ļ	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:			14	
а		payment?	4a		
b		ntal nonqualified retirement plan?	4b		
С	If "Yes" to any of lines 4a–c, list the persons and pro		4c	2600,6005	St Design
	in the totally entitled the equilibrium probability pro	the applicable difficulty for each term in a diffin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations 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			
а	compensation contingent on the revenues of: The organization?		5a	E E E	
b	Any related organization?		5a 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		1000	10 miles	
5	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue any			
а	compensation contingent on the net earnings of: The organization?		6a	CHESSE	X
b	Any related organization?		6b		x
	If "Yes" on line 6a or 6b, describe in Part III.		GENERAL	G die	
	5				100
7	For persons listed on Form 990, Part VII, Section A, payments not described on lines 5 and 6? If "Yes," d		7		v
3	Were any amounts reported on Form 990, Part VII, p		-		Х
		Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		Х
)	If "Yes" on line 8, did the organization also follow the				
	Regulations section 53.4958-6(c)?		l 9	ı	

Essential.

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EARTH DAY NETWORK, INC. Schedule J (Form 990) 2017

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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

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

NOTE: THE SUM OF COUNTING FOR THE PARTY OF THE WAY OF THE TOTAL OF THE TAIL AND THE	CU IISIEC		Adual must equal the to	THE TOTAL ANTIONING OF THE	Mai amount of Form 350, Fait VII, 550				ulwigual.
		(a)	Carcowii oi	1 VV-2 8730/01 1099-1VII	oc compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		edwoo	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)–(D)	in column (B) reported as deferred on prior Form 990
Kathleen Rogers	8	4	199,634	0	0	5,925	0	205,559	0
1 President	(I)	No.						0	
Susan Bass	(0)		141,481	0	0	4,388	5,460	151,329	0
2 Sr. Vice President	9							0	
6	E S		7/						
2	 -								
4	3 3		1						
	ε								
5	: (E)								
	ε								4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
9	(E)								
	Θ	-		>					
7	(ii)								0
	Ξ					la de			
8	€								
	E					100			
თ	€								
	ε								
10	(ii)						4		
	8								1
=	€								
	Ξ						4		
12	€								
	Ξ								
13	(E)								
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16	3 8								

SCHEDULE 0 (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EARTH DAY NETWORK, INC.	13-3798288
Form 990, Part III, Line 4d: Program Service Expenses: 125,411, Grants and allocations: 0,	
Revenue: 0 Campaign for Communities: Develop Programs and conduct activities for the purpose	<u> </u>
of creating community grassroots awareness on the local environment and what communities can	
do to help. The program also provides Instruction and disseminates information on the impact	
of climate change on the communities, Including the goal of raising voter awareness of the)
issues.	
Form 990, Part III, Line 4d: Program Service Expenses: 88,454, Grants and allocations: 0	×
Revenue: 0 Miscellaneous US and international costs related to Earth Day and information	
projects supporting the other major programs of the organization. These costs are incurred	***************************************
during the course of the year and are considered direct to the overall program efforts.	
Form 990, Part VI, Section B, Line 11b: The organization circulates the Form 990 to the	
finance committee of the Board of Directors for its initial review, then prior to the	
submission of the return it is circulated to all members of the Borad of Directors	
Form 990, Part VI, Section B, Line 12c: The organization, at least annually, will poll the	
board, its officers and the key staff members on the existence of any conflicting interests.	
Form 990, Part VI, Section C, Line 18: The organization posts its financial statements on its	
website and makes other documents available to persons upon request.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
EARTH DAY NETWORK, INC.	13-3798288
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Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

	_	,	_	
Armed Forces the Americas		Louisiana		Palau
Armed Forces Europe	X	Massachusetts	<u> </u>	Rhode Island
Alaska	Х	Maryland	X	South Carolina
X Alabama		Maine		South Dakota
Armed Forces Pacific		Marshall Islands	X	Tennessee
X Arkansas	Х	Michigan		Texas
American Samoa	Х	Minnesota	X	Utah
Arizona		Missouri	X	Virginia
X California		Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
Colorado	Х	Mississippi 🔼		Vermont
X Connecticut		Montana	Х	Washington
District of Columbia	Х	North Carolina	X	Wisconsin
Delaware		North Dakota	X	West Virginia
X Florida		Nebraska	D	Wyoming
Federated States of Micronesia	Х	New Hampshire	-	
X Georgia	X	New Jersey		
Guam		New Mexico		
X Hawaii		Nevada		
lowa	Х	New York		
Idaho	Х	Ohio		
X Illinois	Х	Oklahoma		
Indiana	Х	Oregon		
X Kansas	Х	Pennsylvania		
X Kentucky		Puerto Rico		

100,00288

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Elonia.

E JAY N. K. INC.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns	1,050	
Membership dues		
Fundraising events		
Related organizations	4	
Government grants (contributions)	5	
All other contributions, gifts, grants, and similar amounts not included above:		
Honorarium	5,000	
Corporate, Individual, Trust and Foundation contributions	3,840,219	
Expense reimbursements	119	
Other contributions total	3,845,338	
7 Total	3,952,438	

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
		services	and general	
1 Depreciation	1 3,194	TOTAL DE	3,194	
2 Depletion	2 0		,	•
3 Amortization	3 0			
4 Total	4 3,194	0	3,194	

Part X, Line 3 (990) - Pledges and Grants Receivable

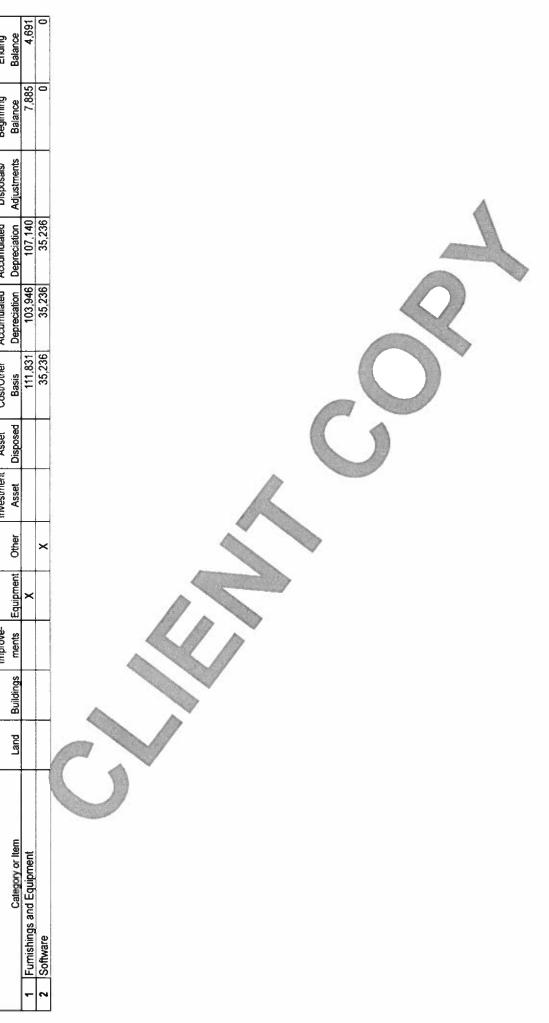
	Pl edges a	nd grar	nts receivable	Allowance for dou	ubtful accounts
	Beginning		End	Beginning	End
Temporarily restricted pledges	. 1 🔈	0	900,000	0	
	2	0		0	
	3	0		0	
	4	0		0	
	5.	0		0	
	6	0		0	
	7	0		0	
	8	0		0	
	9	0		0	
0	1.0	0		0	
1 Total pledges and grants receivable	11	0	900,000	0	

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

E. JAY N.L. K. INC.

10.00288

							Total:	147,067	139,182	142,376	0	7,885	4,691
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Fumishings and Equipment				×				111,831	103,946	107,140		7,885	4,691
2 Software					×			35,236	35,236			0	0



Part X, Lines 11 and 12 (990) - Investments - Securities

E. JAY Nis.... K, ING

100,00288

Beginning Beginning Balance e of Book Value fion FMV 559 2,033 2,696 10,800 10,627	Ending Balance Book Value FMV 9 14,336 6 0 7 5,508
Balance Book Valu FMV 10	Book VA FMN
Book Valu FMV 10	Book V.
10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	FMY
10	

Part X, Line 15 (990) - Other Assets

	Total:	10,506	260,506
	Description	Beginning	End
1	Rent deposit	10,506	10,506
2	Contributions receivable - net of current portion		250,000

Part X, Line 25 (990) - Other Liabilities

		Total:	1,699	1,855
	Description	T V	Beginning	End
1	Federal income taxes	A STATE OF THE PARTY OF THE PAR	0	0
2	Pension contribution payable	-	1,699	1,855



California 199 Tax Return

EARTH DAY NETWORK, INC.

2017

Webb Financial Services, PLLC 12844 Parapet Way Oak Hill, VA 20171 Phone: (703) 620-2600 Fax: (703) 648-0969 scott@webbfinancialservices.com

TAXABLE YEAR California Exempt Organization **FORM** 2017 199 Annual Information Return and ending (mm/dd/yyyy) Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) Corporation/Organization name California corporation number EARTH DAY NETWORK, INC. 1954972 Additional information See instructions. FEIN 13-3798288 Street address (suite or room) PMB no. 1616 P STREET NW 340 City Zip code 20036 WASHINGTON Foreign country name Foreign province/state/county Foreign postal code A First Return Yes X No J If exempt under R&TC Section-23701d, has the organization B Amended Return ...

■ Yes X No engaged in political activities? See instructions. ● ☐ Yes ☒ No C IRC Section 4947(a)(1) trust Yes X No K Is the organization exempt under R&TC Section 23701g? Yes X No If "Yes," enter the gross receipts from nonmember sources \$ D Final Information Return? ● Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is exempt under R&TC Section 23701d and Enter date: (mm/dd/yyyy) meets the filing fee exception, check box. E Check accounting method: (1) Cash (2) X Accrual (3) Other M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No F Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) (4) X Other 990 series N Did the organization file Form 100 or Form 109 to G Is this a group filing? See instructions ● Yes X No H Is this organization in a group exemption ☐ Yes ☒ No is the organization under audit by the IRS or has the If "Yes," what is the parent's name? Is federal Form 1023/1024 pending? Yes X No I Did the organization have any changes to its guidelines Date filed with IRS Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources From Side 2, Rart II, line 8 50.021 00 2 Gross dues and assessments from members and affiliales . 0 00 • 3 3,952,438 00 Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. and This line must be completed. If the result isliess than \$50,000, see General Information B... 4.002.459 00 Revenues 6 Cost or other basis, and sales expenses of assets sold ● 6 0 00 8 Total gross income. Subtract line 7 from line 4...... 4,002,459 00 9 Total expenses and disbursements. From Side 2, Part II, line 18 3,062,843 00 **Expenses** 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 939,616 00

	12 Use tax. See General Information K			4.411 FOR 804	2 0	Įυι
	13 Payments balance. If-line 11 is more	than line 12, subtract line 12 f	rom line 11	1	3 0	00
Filing Fee	14 Use tax balance. If line 12 is more th	an line 11, subtract line 11 fror	n line 12		4 0	00
	15 Filing fee \$10 or \$25. See General Ir	nformation F			5 0	00
	16 Penalties and Interest. See General	Information J	· F.63 • • • • • • • • • • • • • •	1	6 0	00
	17 Balance due. Add line 12 line 15 a	nd line 16. Then subtract line	11 from the result .	1	7 0	00
Sign	Under penalties of perjury, declare that I have belief, it is true, correct, and complete. Declare	e examined this return, including ac	companying schedule	s and statements, a	nd to the best of my knowledge and eparer has any knowledge.	
Here	Signature of officer	Title		Date	• Telephone (202) 518-0044	
Date	Preparer's signature	elilicea	Date 08/05/2018	Check if self- employed ► X	● PTIN P00025968	
Paid Preparer's Use Only	Firm's name (or yours, if self employed)	• FEIN 30-0126548				
	and address [12844 PARAPET WAY,	• Telephone (703) 620-2600				
	May the FTB discuss this return with t	he preparer shown above? Se	e instructions		. • X Yes No	
						100

13-3798288

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	regardless of amount of gross receipts — complete	Part II or furnish substitut	e information.			
	1 Gross sales or receipts from all business	activities. See instruction	ons			24,450 00
	2 Interest			2		1,124 00
Receipt	3 Dividends	******				0 00
from	4 Gross rents		9,650	4		24,200 00
Other	5 Gross royalties					247 00
Source	6 Gross amount received from sale of asse	ts (See Instructions)	0000	6		0 00
	7 Other income. Attach schedule					0 00
	8 Total gross sales or receipts from other sources. A	Add line 1 through line 7. Ente	er here and on Side 1, Part I, I	ine 1 8		50,021 00
	9 Contributions, gifts, grants, and similar an			1000		0 00
	10 Disbursements to or for members.			1000	-35/7	0 00
	11 Compensation of officers, directors, and t			ACCOUNT OF THE PARTY OF THE PAR		395,861 00
	12 Other salaries and wages			The state of the s	7 - 42	603,753 00
Evnoss	42 Interest		200	SECOND .		2,088 00
Expens and	14 Taxes		and the second s	1000		69,937 00
Disburs			1000000	400		154,281 00
ments	16 Depreciation and depletion (See instruction			and the same of th		3,194 00
	17 Other Expenses and Disbursements. Atta		ACCOUNTS OF THE PARTY OF THE PA	4000000		1,833,729 00
	18 Total expenses and disbursements. Add		A1007 NOON			3,062,843 00
Schedu			taxable year	End of tax		
Assets		(a)	(b)	(c)	1	(d)
	h [303,374.		•	182,718.
	accounts receivable		0.		•	900,000
	notes receivable		0.		•	0.
	ntories		0.		•	0.
	eral and state government obligations		0.		•	0.
	stments in other bonds	A STATE	13,323	Market St. 18		19,844.
	stments in stock		0.		•	0.
	Igage loans		0.		•	0.
	er investments. Attach schedule		559.	ASSESSED FOR STREET	•	0.
	Depreciable assets	147,067		147,067	INTERIOR.	CHARLES HOLD COLOR
	Less accumulated depreciation	The state of the s	7,885.	(142,376.)	EMPRESICA	4,691.
	d	138,102.	7,883.	142,370.	•	4,091.
	er assets Attach schedule		13,258.		•	287,512
	al assets	THE RESERVE	338.399.		-	
	es and net worth		330,399.		50-50-65	1,394,765.
	1000		31,264.		•	147.050
	ounts payable		31,204.			147,858
	tributions, gifts, or grants payable	A	0.			0.
	ds and notes payable		0.			0.
	tgages payable		1,699.		-	0.
	er liabilities. Attach schedule				-	1,855.
	ital stock or principal fund		0.		•	0.
	I-in or capital surplus. Attach reconciliation				•	0
	ained earnings of income fund		305,436.		•	1,245,052.
Schedu	al liabilities and not worth		338,399.			1,394,765.
Scheut	The state of the s			- 4b		
4 11-1	Do not complete this schedule if the a				La company	
		939,616.	7 Income recorded on		RC CUZ	CHARLES CARLES
		0.	1	eturn. Attach schedule	Tres divines a	0.
	and at the product of the complete games and a second		8 Deductions in this re	*		
	me not recorded on books this year.	STATE OF STA	against book income	•	200 A/S	
	ch schedule	0.	100		•	0.
	enses recorded on books this year not		9 Total. Add line 7 and		Datoplace	0.
			10 Net income per retu		4.5360	
6 Tota	II. Add line 1 through line 5	939,616.	Subtract line 9 from	line 6	1	939,616.

MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

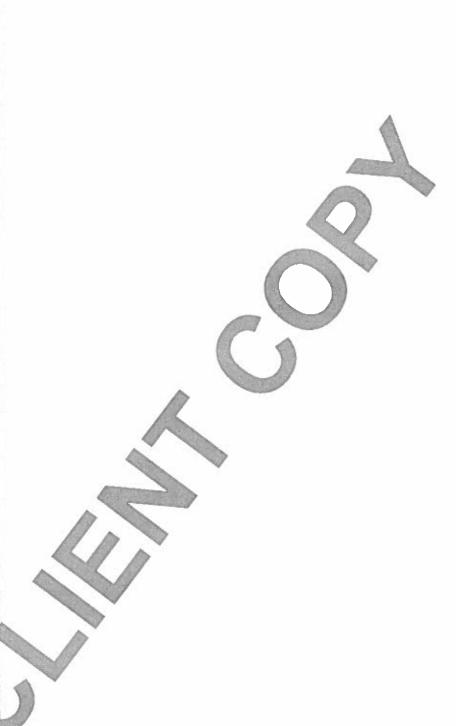
				_			
State Charity Registration Number		101261		Check i			
EARTH DAY NETWORK, INC.				⊔ ፡፡	hange of address		
Name of Organization				☐ Ar	mended report		
1616 P STREET NW, Room 340					Accession		
Address (Number and Street) WASHINGTON, DC 20036				Corpor	ate or Organization No. C19549	72	
City or Town, State and ZIP Code				Federa	I Employer I.D. No. 13-379828	8	
ANNUAL REGIS		RENEWAL FEE SCHEDULE (1			sections 301-307, 311, and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	rai o riogio	F60	Gross Annual Revenue	Fe	e
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250 Between \$250,001 and \$1 n		\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$19 \$20 \$30	25
PART A - ACTIVITIES		TO - 100 27 14 27 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4			_
For your most recent full ac	counting p	eriod (beginning1/1	2017	endir	ng12/31/2017) list:		
Gross annual revenue \$		4,002,459 To	tal assets		1,394,765		
							_
PART B - STATEMENTS REGARDIN Note: If you answer "yes" to any o					oviding an explanation and details for e	ach	
"yes" response. Please rev	iew RRF-1	instructions for information r	equired.			Yes	No
 During this reporting period, were to officer, director or trustee thereof e 					between the organization and any or trustee had any financial interest?		х
2. During this reporting period, was th	ere any the	ft, embezziement, diversion or n	nisuse of the	e organiz	ation's charitable property or funds?		х
3. During this reporting period, did no	n-program	expenditures exceed 50% of gro	ss revenue	?			х
During this reporting period, were a Internal Revenue Service, attach a	ny organiza copy	ition funds used to pay any pena	alty, fine or j	udgment	? If you filed a Form 4720 with the		х
During this reporting period, were to provide an attachment listing the n					or charitable purposes used? If "yes."	x	
During this reporting period, did the the agency, mailing address, contains			nding? If so,	provide	an attachment listing the name of		х
During this reporting period, did the number of raffles and the date(s) the control of the date of the date of the date of the date.	organizationey occurred	n hold a raffle for charitable pur	poses? If "y	es," prov	vide an attachment indicating the		x
Total Control of the	hicle donat	ion program? If "yes," provide a			ing whether the program is operated poses.		х
Did your organization have prepare reporting period?	d an aud te	d financial statement in accorda	ince with ge	nerally a	ccepted accounting principles for this	х	
Organization's area code and telepho	ne number	(202) 518-0044					-
Organization's e-mail address www			_		-7		
I declare under penalty of perjury the and belief, the content is true, corre			g accompa	nying do	ocuments, and to the best of my knowle	dge	
Signature of authorized office	er	Printed Name)		Title	Date	

Line 3, Part I (CA 199) - Contributor Detail Schedule

1,288

EA. AY NE K, INC.

									1,652,497
I					-			Date	Total Amount
	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Received	of Contribution
Ι	David and Lucille Packard Foundation	343 2nd Street		CA 94	022				150,000
1~	Swift Wings Foundation	924 W. Wolfensberger Road			109				100,000
(m)	Toyota Foundation	19001 South Western Avenue		CA 90	501				225,000
4	UPS Foundation		Atlanta (GA 30	30328				285,000
ကြ	Taitan Chi Foundation	No.112		GA 30	307				250,000
9	March For Science	60 East 42rid St. Suite 565	New York	NY 10	165				842,497
~		4							
۱		Notice of the latest and the latest							



Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

15.0.0288

Record.

Electrical Street

Fillia

Towns and the

Section 2

EA.... AY NE....K, INC.

								00,000
	Name	Street Address	ð	State	Zip Code	Title	Time Devoted	Compensation
Gerald Tores						Chairman		
Presiden	President Taria Halonen	Your formulation and the state of the state				Board Member		
Nathan Hurst	Hurst					Board Member		
Louie Sci	Louie Schwartzberg					Board Member		
5 Denis Hayes	yes					Board Member	2)
Nora Pouillon	lillon					Board Member	•)
Molly O. Ross	Ross					Board Member)
Lise Van	Lise Van Susteren, MD	Transfer de la constant de la consta				Board Member		
Kathleen Rogers	Rogers			F		President	40	205,559
10 Susan Bass	ass					Sr. Vice President	40	151,329
11 Scott Webb	qq;					CFO	80	38,973

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	7 1	36,203
2	Legal fees	2	7,152
3	Accounting fees	. 3 _	13,046
4	Other professional fees	. 4 🗌	143,521
5	Travel, conferences, and meetings	. 5	149,304
6	Printing and publications	6	0
7	Special events direct expenses	. 7 _	56,898
	Office expenses		17,839
9	Other expenses	. 9 _	466,171
10	Webhosting and Information technology	_ 10 _	54,289
11	Program expenses	<u> 11 </u>	889,306
12	Total	. 12	1,833,729

Line 9, Sch L (CA 199) - Other Investments

	Beginning	End
Other Investments .	1 0	0
Cash and Money Market Funds	2 559	
	3.	
	4	
	5	***
	6	-
	7	
	8	
	9	
Total	10 559	- 0

Line 12, Sch L (CA 199) - Other Assets

	A	E	Beginning	End
1 Prepaid Expenses		1	2,752	27,006
2 Rent Deposit		2	10,506	10,506
3 Contribution Receivable - net of current port	non	3		250,000
4	The same of the sa	4		
5		5		
6	A	6		
7		7		
8		8		
9		9		
10 Total		10	13,258	287,512

Line 18, Sch L (CA 199) - Other Liabilities

	Beginning of Year	End of Year
1 Pension Withholding Payable	1 1,699	1,855
2 Refundable Rent Deposit	2	
3	3	
4	4	· —
5	5	
6	6	
	7	
8	8	
9	9	
10 Total	10 1,699	1,855

	EARTH DAY NETWORK, INC.	13-37982	288
IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR		
	MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2	<u>.</u>	X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?3	3.	×
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR		
	TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	J.	X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	x
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	3.	х
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR		
	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	100000	X
7b	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ 0; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	3.	×
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX		
	EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?).	X
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE-OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?).	×
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:	·	
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Scott A. Webb 703-620-2600		
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		
UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS. INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN			
STA	TED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING PLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	G THE	
	Kathleen Rogers Drosidont		
	Kathleen Rogers, President PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE SIGNATURE	DA	TE
	REPORTS ARE DUE WITHIN SIX WONTHS OF YOUR FISCAL YEAR END. Scott A. Webb, CFO	8/4/2	2018
2.) F	FOR FEES DUE SEE INSTRUCTIONS. TREASURER OF PROSTRE (PRINT NAME) SIGNATURE	DA	TE

Scott A Webb, CFA, CFP

8/5/2018

DATE

SIGNATURE

3.) REPORTS THAT ARE LATE OR

\$100.00 PENALTY.

INCOMPLETE ARE SUBJECT TO A