Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection ► 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.

A	For t	he 2018 calend	lar year, or tax y	ear beginn	ing		, 201	8, and endin	g		,				
В	Check	if applicable:	С							D Employ	er identi/	fication number			
	Па	ddress change	PACIFIC IN	NSTITUT	E FOR ST	TUDIES	IN			94-	3050	434			
	H_{N}	ame change	DEVELOPMEN					•		E Teleph					
	\mathbf{H}	nitial return	654 13TH S							510	-251	-1600			
	\vdash	nal return/terminated	OAKLAND, (CA 9461	.2					010 001 1000					
	-	mended return								G Gross	receints (\$ 2,674,621.			
	-	pplication pending	F Name and address	s of principal of	ficer: Tage		TGON		H(a) Is this a	Is this a group return for subordinates?					
	LI^	pplication pending	SAME AS C		JAS	ON MORE	ISON		1 ' '						
_	Tay	-exempt status:	X 501(c)(3)	501(c) () ⋖ (in:	cort no)	4947(a)(1)	or 527	H(b) Are all if "No,"	attach a list.	(see instru	uctions)			
÷) - (111:	sert iiu.)	4347(a)(1)	JI JZ/							
J			W.PACINST.] b	T ₁		H(c) Group						
K		n of organization:		Trust	Association	Other►		Year of forma	ition: 198	/ IN S	State of I	egal domicile: CA			
Pa	rt I	Summar				-: E 1	Lindainen mr	II DAGII	TO THE	m T mrimi	1 (7)	2000 220			
	1		be the organization									CATES AND			
9		ADVANCES	SOLUTIONS	TO TH	E MOKTD.	S MOST	PRESSI	NG WATE	R CHALL	LENGES					
Governance											LET.				
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ies	5		of individuals en								5	25			
Activities &	6		of volunteers (es								6	17			
Act	7a	Total unrelate	d business rever	ue from Pa	art VIII, colum	nn (C), line	12			000000000	7a	0.			
	b	Net unrelated	business taxable	income fr	om Form 990	-T, line 38	100000000000000000000000000000000000000		******		7b	0.			
						100			P	rior Year		Current Year			
an a	8		and grants (Part							702,9	21.	912,379.			
ű	9	Program servi	ice revenue (Parl	VIII, line 2	2g)				1	,230,9	16.	1,761,421.			
Revenue	10	Investment in	come (Part VIII, d	column (A)	, lines 3, 4, a	ind 7d). 🚎 🚌		· 12 · 100,000,000	.m		81.	761.			
Œ	11		e (Part VIII, colun								95.	60.			
	12		 add lines 8 th 							,937,3	13.	2,674,621.			
	13		milar amounts pa						CV .						
	14		to or for member												
ιn.	15	Salaries, othe	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							,689,6	1,901,910.				
Expenses	16 a	Professional f	essional fundraising fees (Part IX, column (A), line 11e).												
per	ь	Total fundrais	ing expenses (Pa	art IX, colu	mn (D), line 2	25) ►	1	64,750.		thus Till	100				
ũ			es (Part IX, colun			-				659,7	21	750,827.			
	18		s. Add lines 13-1		•					,349,3		2,652,737.			
			expenses. Subtra							-412,0		21,884.			
- 2	13	TREVENUE 1633	experises, easir	200 11110 10	110111 11110 12	50 1/2/2020		13333110000	177	ig of Curren		End of Year			
ts o	20	Total assets (I	Part X, line 16)							, 166, 4		1,477,502.			
Bali	21		s (Part X, line 26						*	187,1		470,601.			
Net Assets or Fund Bajances			fund balances. S						8						
	rt II	Signatur		ubliact iiii	e zi iroiii iiik	3 20			+	979,3	002	1,006,901.			
40.00	Control of the Control					Contratition 1									
Under com;	penalti lete. D	es of perjury, I declar Declaration of prepa	e that I have examined t arer (other than office	his return, inclu er) is based o	uding accompanyin n all information	g schedules and of which prep	statements, and arer has any k	d to the best of my knowledge,	y knowledge an	d belief, it is t	rue, correc	ct, and			
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c:		Signatu	re of officer						Da	ite					
Sig He	lu Lo	TACC	N MODDICO	AT.					מחת -	TDEMT					
HE			ON MORRISO	N					PKES.	IDENT					
			reparer's name		Preparer's sign	ature		Date		o T	1	PTIN			
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			ROSEVILL								916.7	751.2900			
May	the II	RS discuss this	return with the	preparer s	hown above?	(see instru	ctions)	13335302221			000000	X Yes No			

Form 990 (2018)

PACIFIC INSTITUTE FOR STUDIES IN

94-3050434

Page 2

			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		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		Х
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, Part III	5		Х
6		6		х
7		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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	10000000
١	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(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.	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
k	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	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.	15		X
16		16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

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Partiv	Checklist	or Required	Schedules	(continuea)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		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? <i>If 'Yes,' complete Schedule J.</i>	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
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		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c 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		X
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		Х
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		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf '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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V.			1
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	N 3 - 3	Yes	No
			1505	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
((gambling) winnings to prize winners?	1 c	Marin Co	Contract to
BAA	TEEA0104L 08/03/18	Form	990 (2010)

PACIFIC INSTITUTE FOR STUDIES IN 94-3050434 Form 990 (2018) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?........ 2 h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes.' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q..... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.... 5 a Х X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х services provided to the payor?..... 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year. X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966?..... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.... 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13 a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans...... 13b Х 14a Did the organization receive any payments for indoor tanning services during the tax year?........... 14: b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O..... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?.....

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If 'Yes,' see instructions and file Form 4720, Schedule N.

If 'Yes,' complete Form 4720, Schedule O.

15

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X

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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

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1 b 11		29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	307	The state of	5
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O			
а	the following: SEE SCHEDULE O The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b		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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
b	olf '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?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		DATE:	W- 18
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE . SCHEDULE .O.	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management officialSEESCHEDULEO.	15 a	X	
ь	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			100
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
b	of '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?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c available for public inspection. Indicate how you made these available. Check all that apply.)(3)s (only)	
	Own website Another's website Y Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records CINDY FOLEY 654 13TH STREET OAKLAND CA 94612-1241 510-251-1600			

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Form 990 (2018)

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

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

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

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

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

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

				-	(C)	.					
	(A) Name and Title		than	one	(do n box, an d ector	ot ch unle: officei		i	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
		per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1)	OLIVIER J. MARIE	2									
	CHAIRMAN	0	X		Х				0.	0	0.
(2)	TONY STAYNER	2									
	VICE CHAIR	0	X		X				0.	0 ;	0.
(3)	COREY GOODMAN	2									
8222	DIRECTOR	0	X						0.	0.	0
(4)	KATE GASNER	2									
-	DIRECTOR	0	X						0.	0	0.
(5)	SALLY LIU	2									
	DIRECTOR	0	X						0.	0.	0.
(6)	PETER BOYER	2									
	DIRECTOR	0	X						0.	0.	0.
(7)	DRUMMOND_PIKE	2									
	DIRECTOR	0	X						0.	0	0 .
(8)	ROBERT STEPHENS	2									
	DIRECTOR	0	X						0.	0.	0.
(9)	JENNIFER MCFARLANE	2									
	DIRECTOR	0	X						0.	0.	0.
(10)	NANCY WHITE	2									
	DIRECTOR	0	X						0.	0.	0
(11)	ARI CHANEY	2									
	DIRECTOR	0	X						0.	0.	0.
(12)	JASON MORRISON	40									
	PRESIDENT	0	X		Х				156,000.	0.	35,995.
(13)	PETER GLEICK	40									
	PRESIDENT EMER.	0	X		Х				95,000.	0.	33,490.
(14)	PETE STANGA	40									
	C00	0			X				134,730.	0.	18,785.

TEEA0107L 08/03/18

Part VII Section A. Officers, Directors, Truste	(B)	Finh	loye	(0	_	u m	yn	est Compensate	u Employees (<i>тапиви)</i>	
(A) Name and title	Average hours per	box,	unles	ss pe	sition more erson directo	is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estima amount o	ted
	week (list any hours for related organiza - tions below dotted line)	or director		Officer		Highest compensated employee	_	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compens compens from I organiza and rel organiza	sation he ation ated
(15) HEATHER COOLEY PROGRAM DIRECTOR	40					Х		104,776.	0	. 16	,271.
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total		5.117.5		0.000	95.05.05	2000	•	490,506.	0	. 104	,541.
c Total from continuation sheets to Part VII, Section		2.5.5.1/f/s					•	0.	0		0.
d Total (add lines 1b and 1c)	000-00000	99,000	* * * *	***	on and	3988		490,506.	0		,541.
2 Total number of individuals (including but not limi from the organization ► 3	ted to thos	se list	ted a	abov	/e) w	ho r	ecei	ived more than \$1	UU,UUU of reportab	le compensa	tion
										Ye	s No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus <i>individua</i>	tee, k	ey e	emp	loyee	e, or	hig 	hest compensated	employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$15	50,000)? <i>If</i>	Ye	s, c	omp.	lete	Schedule J for		4	ζ.
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens complete	ation Sche	fron edule	n ar e J	ny un	rela uch p	ted bers	organization or in	dividual	5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compens	stad lades	ondo	nt 0	ont	coto	ro th	nat r	received more than	\$100,000 of		
compensation from the organization. Report comp	pensation	for th	ne ca	alen	dar y	/ear	end	ling with or within	the organization's		
(A) Name and business addr	ess							Description (B)	of services	(C) Compensa	ition
						-					
2 Total number of independent contractors (including	-	limite	ed to	tho	se li	sted	abo	ove) who received	more than		
\$100,000 of compensation from the organization	0								10	resident of the	A WAR

Part VIII Statement of Revenue

	Check if Schedule O contains a response	or note to any I	ine in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a		Caravro aci			
irar	b Membership dues					
S, G	c Fundraising events					Hall Consultation of
ar	d Related organizations 1 d					
s,	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f	912,379.				
on di	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	>	010 270			
		usiness Code	912,379.	WASAMPER IN S		
Program Service Revenue			1 606 607	1 606 607	TO SELECT THE PARTY AND ADDRESS OF THE	AUTHOR THAT IS AN AGUAD
eke		1700	1,686,687.	1,686,687.		
ě E		0099	64,276.	64,276.		
.≥		0099	7,610.	7,610.		
Š		0099	2,348.	2,348.		
Гап		0099	500.	500.		
ğ	f All other program service revenue					
	g Total. Add lines 2a-2f.		1,761,421.			AND SHOWS AND THE
	3 Investment income (including dividends, inter- other similar amounts)		761.			761.
	4 Income from investment of tax-exempt bond	GWASSEWS	/01.	7		/61.
	5 Royalties	1035				
	(i) Real	(ii) Personal	Column 1 of 7 to	THE STOOLSON	AND THE REST	OTHER PROPERTY OF THE PARTY OF
	6 a Gross rents	(ii) I disonal				
	b Less: rental expenses.	e:				
	c Rental income or (loss)					
	d Net rental income or (loss)		US TO SHIP TO SELECT		ALUMBY ALERSAN	
	(i) Securities	(ii) Other	THE RESIDENCE OF THE PARTY OF T	R MINUMENUS		THE WATER STREET
	7 a Gross amount from sales of assets other than inventory	(ii) Other				
	assets other than inventory					
	b Less; cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss).		CONTROL OF THE CAPORISE	SUNTERED BY THE SECOND	COLEZGIA EN ARESTOR	
			THE PERSON NAMED IN	Vestilating the second		I SULPHANOLANE AVIII
ne	8 a Gross income from fundraising events (not including \$					
le1	of contributions reported on line 1c).	1				
è	See Part IV, line 18a	1				
7	b Less: direct expenses b					
Other Revenue	c Net income or (loss) from fundraising events		/21-11-11-11-11-11-11-11-11-11-11-11-11-1		BATELOW DE REAL	200
U	9 a Gross income from gaming activities. See Part IV, line 19	2230000000000000				
	b Less: direct expenses b		Harris Carlo		4	
	c Net income or (loss) from gaming activities.	-	son process process and the			But the second second
					CONTRACTOR AND	A COLOR SERVICE DE
	10 a Gross sales of inventory, less returns and allowances			EX CONTRACTOR		
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory.					
		usiness Code	2021		DE 18 (SEE 197 197)	A CASSAGE BY
	11a MISCELLANEOUS REVENUE 900	1099	60.			60.
	b		00.			00.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	ASSOCIATION P	60.		SALES OF THE SALES	T- AND ASSESSED FOR STREET
	2 Total revenue. See instructions.		2,674,621.	1 761 421	0	821.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		скрепаез	gonoral expenses	oxpenses .
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				RESIDENCE DE LA COMPANION DE L
5	Compensation of current officers, directors, trustees, and key employees	474,000.	142,201.	236,999.	94,800.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0	0.	0.
7		1,023,384.	858,689.	136,143.	28,552.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,020,001.	330, 333		20,002.
9	Other employee benefits	288,334.	193,762.	66,945.	27,627.
10	Payroll taxes	116,192.	78,750.	27,777.	9,665.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)SCH. Q Advertising and promotion	391,277.	366,227.	24,892.	158.
13	Office expenses				
14	Information technology				
15	Royalties		_		
16	Occupancy	149,670.	149,670.		
17	Travel	116,980.	116,226.	370.	384.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	110, 500.	110,220.	370.	304.
19	Conferences, conventions, and meetings	20,172.	18,365.	1,807.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	4,358.		4,358.	
23	Insurance	5,653.		5,653.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a	TELEPHONE AND COMMUNICATIONS	31,886.	22,815.	7,883.	1,188.
	PRINTING AND PUBLICATIONS	9,075.	7,757.	919.	399.
C		8,925.	8,521.	404.	
C	STAFF DEVELOPMENT	6,838.		6,838.	
6	All other expenses	5,993.	296.	3,720.	1,977.
25	Total functional expenses. Add lines 1 through 24e	2,652,737.	1,963,279	524,708.	164,750.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. Beginning of year End of year Cash — non-interest-bearing..... 298,079 714,815. 1 Savings and temporary cash investments..... 20,066 2 13,777. 2 3 Pledges and grants receivable, net 210,496 3 201,971. Accounts receivable, net. 345,907 4 384, 362 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges..... 32,136. 37,408. 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10a 43,571. **b** Less: accumulated depreciation 10b 43,571. 10 c 4,358. Investments – publicly traded securities 242,357. 11 113,277. 12 Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11 13 13 14 Other assets. See Part IV, line 11.... 13,092 15 11,892. 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,166,491 16 1,477,502. Accounts payable and accrued expenses. 17 17 109,711. 241,613. 18 18 19 Deferred revenue..... 75,786. 228,576. 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.... 25 1,612 412. 26 470,601. 26 Total liabilities. Add lines 17 through 25..... 187,109 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 590,035 27 733,058. Temporarily restricted net assets.... 389,347 28 273,843. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances. 33 33 979,382. 1,006,901. Total liabilities and net assets/fund balances.... 34 34 1,166,491 1,477,502.

Pa	rt XI Reconciliation of Net Assets				Ver. 10
	Check if Schedule O contains a response or note to any line in this Part XI				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,67	4,6	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,65	2,7	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	1,8	884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97	9,3	82.
5	Net unrealized gains (losses) on investments	5		5,6	35.
6	Donated services and use of facilities.	6			- 0
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,00	6,9	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				. X
-	, , , , , , , , , , , , , , , , , , , ,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	0.0000000000000000000000000000000000000	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2 b	x	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		20	ZX USES	C. ESCO.
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		ALC: UNITED ST	6.50	EN23
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	X	
2.	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. SEE SCHEDULE O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale	949		
36	As a result of a receral award, was the organization required to undergo arradult of adults as set forth in the one Audit Act and OMB Circular A-133?		3 a		Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit			
BAA	TEEA0112L 08/03/18		Form !	990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

, van		ISTITUTE FOR S	TAL & SECURITY			94-305043	4			
Par					s part.)					
	organization is not a private found	THE RESIDENCE OF THE PROPERTY	STREET, May Company of the Company o		and you will not be a property with					
1	A church, convention of church	ches, or association of	f churches described in s	section 1	70(b)(1)	(A)(i).				
2	A school described in section	n 1 70(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	0 or 990	-EZ).)					
3	A hospital or a cooperative h	ospital service organiz	zation described in sect	ion 170(b)(1)(A)(i	ii).				
4	A medical research organiza	· -				•	r the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a collect	ge or university owned o	r operat	ed by a g	governmental unit descr	ibed in			
6	A federal, state, or local gove	COSTAGE	ital unit described in sec	ction 170)(b)(1)(A))(v).				
7	X An organization that normall in section 170(b)(1)(A)(vi).	y receives a substanti Complete Part II.)	al part of its support fro	m a gov	ernment	al unit or from the gene	ral public described			
8	A community trust described	in section 170(b)(1)(A	(vi). (Complete Part II.)							
9	An agricultural research orga or university or a non-land-gr									
	university:									
10										
11	An organization organized ar	nd operated exclusively	y to test for public safet	y. See s	ection 50	09(a)(4).				
12	An organization organized ar or more publicly supported or lines 12a through 12d that de	ganizations described	in section 509(a)(1) or	section	509(a)(2)	. See section 509(a)(3).	ne purposes of one Check the box in			
a	Type I. A supporting organization(s) the power to	ation operated, superv regularly appoint or el	ised, or controlled by its	support	ted organ	nization(s), typically by	giving the supported nization. You must			
_	complete Part IV, Sections A		1 H 1866 SEC 19	201 20	1000.00	New York Control of the Control				
b	management of the supporting must complete Part IV, Section	ng organization vested								
c	Type III functionally integrate organization(s) (see instruction	ed. A supporting organions). You must compl	ization operated in con lete Part IV, Sections A,	nection v	with, and E.	functionally integrated	with, its supported			
d	Type III non-functionally interfunctionally integrated. The oinstructions). You must comp	rganization generally	must satisfy a distributi	connect on requi	lion with rement a	its supported organizat and an attentiveness red	ion(s) that is not quirement (see			
е	Check this box if the organiza integrated, or Type III non-fur	ition received a writter	n determination from the	e IRS tha	at it is a	Type I, Type II, Type III	functionally			
f	Enter the number of supported o			referant,						
g	Provide the following information	about the supported	organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)				10.14						
Total				AU BE						

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

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,083,990.	1,131,066.	958,120.	702,921.	912,379.	4,788,476.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,083,990.	1,131,066.	958,120.	702,921.	912,379.	4,788,476.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4						4,788,476.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	1,083,990.	1,131,066.	958,120.	702,921.	912,379.	4,788,476.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,949.	107.	196.	381.	761.	6,394.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,7525.	2011		3320		0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	291.		14,778.	3,095.	60.	18,224.	
11	Total support. Add lines 7 through 10						4,813,094.	
12	Gross receipts from related activi	ties, etc. (see inst	ructions)			12	6,808,101.	
13	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support I	Percentage					
14	Public support percentage for 201	18 (line 6, column	(f) divided by line	11, column (f)).	**************************************	14	99.49%	
	Public support percentage from 2						99.40 %	
16a	33-1/3% support test—2018. If the and stop here. The organization of	e organization did qualifies as a publ	not check the box licly supported orga	on line 13, and li	ne 14 is 33-1/3% (or more, check this	s box ······ ► X	
b	33-1/3% support test—2017. If the and stop here. The organization	e organization did qualifies as a pub	not check a box or licly supported org	n line 13 or 16a, a anization	nd line 15 is 33-1/	/3% or more, chec	k this box	
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this bo	x and stop here.	Explain in Part VI	how	
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' to	nd-circumstances' est. The organizati	test, check this bo on qualifies as a p	x and stop here. I publicly supported	Explain in Part VI organization	how the	
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this be	ox and see instruc	ctions	

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							
Calend 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
2	any 'unusual grants.')							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
_	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support	4 > 0014	43.0015	4 > 0016	4 0 0017	4 2 0011		40 T I I
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
_	Amounts from line 6							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or 1	fifth tax year as a	section 501(c)(3)	→
	tion C. Computation of Pu		CALCULATION OF THE PARTY.					
	Public support percentage for 201		•				15	%
	Public support percentage from 2 ion D. Computation of Investr						16	%
				Lby line 12 colum	in (f))		17	%
17 18	Investment income percentage for Investment income percentage from			-		ATTACHER TO SERVICE AND ADDRESS OF	18	96
	33-1/3% support tests—2018. If this not more than 33-1/3%, check t	ne organization di	d not check the bo	x on line 14, and	line 15 is more th	an 33-1/3%,	and line 1	7
b	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%, check to 33-1/3	e organization die	d not check a box	on line 14 or line	19a, and line 16 i	s more than	33-1/3%,	and 🗀
20	Private foundation. If the organization		•	-			-	

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

_	tion, a, an outpoining or gamma and			
	İ		Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с	W. Tax	
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.	4a	8 (18)	
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.	4b		
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.	4c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		Light.
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the	9b	TIME	

9c

10a

answer 10b below.

whether the organization had excess business holdings.)

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

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,'

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

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

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11Ь		
_	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11 c		
Sec	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	les	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	775 T	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	74,0	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	:).		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A — Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C — Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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7

(see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Sch	edule A (Form 990 or 990-EZ) 2018 PACIFIC INSTITUTE F	OR STUDIES IN	94-30	50434 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organizations (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpos in excess of income from activity	ses of supported organiz	zations,	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ in Part VI). See instructions.	ization is responsive (p	rovide details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	0. 45 A 10 U L 20 7/05		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
t	From 2014			
C	From 2015			
C	From 2016	ne tres in the said	Complete Section At the Complete Section Secti	
€	From 2017.			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
F	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			WAR TEN
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016.			

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d Excess from 2017 e Excess from 2018.

Schedule A (Form 990 or 990-EZ) 2018

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

PART II, LINE 10 - OTHER INCOME

		2015	 2014
OTHER INCOME TOTAL \$	095. \$ 14,778.	ė 0	\$ 291.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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Inspection Employer identification number

PACIFIC INSTITUTE FOR STUDIES IN

DEVELOPMENT, ENVIRONMENTAL & SECURITY 94-3050434 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate value of contributions to (during year). 3 Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b c Number of conservation easements on a certified historic structure included in (a)...... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2dNumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.

Part III Organizations Maintaini	ng Collectio	ons of A	rt, Historicai	reasures, or Otne	r Similar A	ssets (contil	nuea)		
3 Using the organization's acquisition items (check all that apply):	on, accession	, and othe	er records, chec	k any of the following	that are a si	gnificant use	of its co	llection	1
a Public exhibition			d Loan o	r exchange programs	S				
b Scholarly research			e Other						
c Preservation for future genera	itions								
4 Provide a description of the organ Part XIII.	ization's coll	ections ar	nd explain how t	hey further the organ	ization's exer	mpt purpose ir	n		
5 During the year, did the organizat to be sold to raise funds rather the	an to be mair	ntained as	part of the orga	anization's collection	?		Yes		No
Part IV Escrow and Custodial A line 9, or reported an	rrangemen amount or	ts. Comp n Form S	olete if the org 990, Part X,	ganization answer line 21.	ed 'Yes' on	Form 990, I	Part I\	/,	
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodiar	or other	intermediary for	contributions or othe	er assets not	included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII ar	nd comple	te the following	table:				_	_
							Amount		
c Beginning balance					1c				
d Additions during the year	00 (0.00 E. 00 (0.00 V.00 E. 00 V.00 E.				1 d				
e Distributions during the year					1 e				
f Ending balance									
2 a Did the organization include an ar	nount on For	m 990, Pa	rt X, line 21, fo	r escrow or custodial	account liabi	lity?	Yes		No
b If 'Yes,' explain the arrangement in									-
2									
Part V Endowment Funds. Com	nlete if the	organiz	ation answer	ed 'Yes' on Form (990 Part IV	/- line 10			
Endownion Condo	(a) Current		(b) Prior year	(c) Two years ba		rree years back	(e)	our year	hark
1 a Beginning of year balance	(a) ourrone	. your	(B) I not year	(c) Two yours be	uck (u) II	nec yours baok	(0)	our your	3 Dack
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses						i==			
g End of year balance									
2 Provide the estimated percentage	of the curren	t year end	balance (line	lg, column (a)) held a	as:				
a Board designated or quasi-endow	ment 🕨		%						
b Permanent endowment ►	8	i							
c Temporarily restricted endowment	•		%						
The percentages on lines 2a, 2b,	and 2c should	d equal 10	0%.						
3-4 0									
3a Are there endowment funds not in organization by:	tne possessi	on or the	organization tha	at are neid and admir	nisterea for tr	ie .	Ī	Yes	No
(i) unrelated organizations		000 .00000				100000000000000000000000000000000000000	3a(i)		
(ii) related organizations							the same of the sa		
b If 'Yes' on line 3a(ii), are the relat									
4 Describe in Part XIII the intended	-				. 10		35		
Part VI Land, Buildings, and			ii s ciidowiiiciit	Turius.					
Complete if the organiza			s' on Form 99	0, Part IV, line 11	a. See Form	m 990, Part	X, line	e 10,	
Description of property		(a) Cost (inv	or other basis estment)	(b) Cost or other basis (other)		umulated eciation	(d) i	Book va	lue
1 a Land	9.5001.000.000.000								
b Buildings	**********								
c Leasehold improvements									
d Equipment									
e Other				43,571		43,571.			0
Total. Add lines 1a through 1e. (Column			190 Part X colu						0
	(a) must equ	J. 1 01111 3	Jo, ran A, con	(D), III C 100.).			ule D (F	Orm Of	
BAA						Scried	ule D (F	01111 95	,u, 20

Complete if the organization answered "	res' on Form 990. Pa	art IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
2) Closely-held equity interests	8	
3) Other		
4)		
В)		
C)		
0)		
E)		
F)		
G) 		
-		
D		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		N/A
Part VIII Investments — Program Related. Complete if the organization answered ')	es' on Form 990. Pa	N/A art IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	WILL	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	rt IV line 11d See Form 000 Dort V line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered ') (a) De	N/A	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered '	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities.	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on	N/A Yes' on Form 990, Pa scription Jine 15.) Form 990, Part IV, line	art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	N/A 'es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu
Contact (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) December (Column (b) must equal Form 990, Part X, column (B) line 13.) (a) December (Column (c) December (Column (c) December (Column (c) December (Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Contact (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered 'Yes' on (a) Description of liability (1) Column (b) must equal Form 990, Part X, column (B) Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) SPONSORED GROUPS PAYABLE	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book valu
Other Assets. Complete if the organization answered '\(\) (a) December 1. (Column (b) must equal Form 990, Part X, column (B) line 13.) (a) December 2. (a) December 3. (b) December 3. (c)	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Other Assets. Complete if the organization answered 'Yes' on (a) Deart IX Other Assets. Complete if the organization answered 'Yes' on (a) Deart IX Other Assets. (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) (a) De (b) De (c) De (c) De (d) De (d) De (e) De (e) De (e) De (f) De (f	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
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Contail. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) December (Column (b) must equal Form 990, Part X, column (B) (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (Column (b) must equal Form 990, Part X, column (B) (Column (b) (column (b) must equal Form 990, Part X, column (b) (Column (b) (column (b) must equal Form 990, Part X, column (b) (Column (b) (col	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Contail. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered '\ (a) December (a) December (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, co	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Contail. (Column (b) must equal Form 990, Part X, column (B) line 13.) Complete if the organization answered 'Yes' (a) December 1. (a) December 2. (b) Column (b) must equal Form 990, Part X, column (B) (B) (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) December (Column (b) must equal Form 990, Part X, column (B) (Column (b) December (Column (b) December (Column (b) must equal Form 990, Part X, column (B) (Column (b) December (Column (b) Decem	Ves' on Form 990, Passcription line 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.
Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) SPONSORED GROUPS PAYABLE (3) (4) (5)	Ves' on Form 990, Parscription Dine 15.) Form 990, Part IV, line (b) Book value	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25.

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,680,256.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0.000	
a Net unrealized gains (losses) on investments	632	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	5,635.
3 Subtract line 2e from line 1	3	2,674,621.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b	I AN	
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,674,621.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e	2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). 2 d	4	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	2 e	2,652,737. 2,652,737.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 a b Other (Describe in Part XIII.). 4 b	2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e	

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2018

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PACIFIC INSTITUTE FOR STUDIES IN DEVELOPMENT, ENVIRONMENTAL & SECURITY

Employer identification number 94-3050434

Pa	rt I Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided any VII, Section A, line 1a. Complete Part III to provide any relevan	of the following to or for a person listed on Form 990, Part t information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			STAR
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
١	b If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described abo		1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, reg		2	2 - 950	Obje
3	Indicate which, if any, of the following the filing organization us CEO/Executive Director. Check all that apply. Do not check any establish compensation of the CEO/Executive Director, but expl	boxes for methods used by a related organization to			
	X Compensation committee	X Written employment contract			5 47
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Se organization or a related organization:	ection A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment? .		4 a		Х
	Participate in, or receive payment from, a supplemental nonqua		4 b		X
•	Participate in, or receive payment from, an equity-based compe	-	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the app	blicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	I the organization pay or accrue any compensation			
â	The organization?		5 a		Х
ŀ	Any related organization?		5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation			N. W.
	The organization?		6 a		Х
b	Any related organization?	e a de manten e sun a la cresta a cola de encentra doctres e con el master e a introcer a con	6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				En S
7	For persons listed on Form 990, Part VII, Section A, line 1a, did payments not described on lines 5 and 6? If 'Yes,' describe in P	I the organization provide any nonfixed Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrute the initial contract exception described in Regulations section If 'Yes,' describe in Part III.	1 53.4958-4(a)(3)?	8		Х
9	If 'Yes' on line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2018

Page 2

PACIFIC INSTITUTE FOR STUDIES IN

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 94-3050434

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

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.

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	compensation				:
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(Columns(B)(I)-(D)	columns(B)(i)-(D) reported as deferred on prior Form 990
JASON MORRISON	8	156,000.	0	0.	0	35,995.	191,995.	0
DENT	(E)	0.	0	.0	0	0.	0	
PETE STANGA	8	134,730.	0.	0.		18,785.	153,	0.
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ВАА			TEEA4102L 10/29/18	81			Schedule	Schedule J (Form 990) 2018

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O (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 PACIFIC INSTITUTE FOR STUDIES IN DEVELOPMENT, ENVIRONMENTAL & SECURITY

Employer identification number 94-3050434

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

INTEGRATED WATER MANAGEMENT

IN 2018, WE WORKED TO ADVANCE INTEGRATED WATER MANAGEMENT AT A VARIETY OF SCALES. WE DEVELOPED A UNIFYING FRAMEWORK FOR EVALUATING THE MULTIPLE BENEFITS OF WATER PROJECTS, PROGRAMS, AND POLICIES, SO AS TO OPTIMIZE THE RETURN ON INVESTMENT. WE ALSO EXAMINED THE CO-BENEFITS OF STORMWATER CAPTURE AND QUANTIFIED THE IMPACT OF THOSE BENEFITS ON ITS COST. FINALLY, WE WORKED TO EXAMINE THE OPPORTUNITIES FOR LANDSCAPE EFFICIENCY IMPROVEMENTS AND IMPLEMENTATION OF STORMWATER BEST MANAGEMENT PRACTICES ON COMMERCIAL AND INDUSTRIAL PARCELS IN THE SANTA ANA RIVER WATERSHED TO ADVANCE REGIONAL WATER OBJECTIVES.

WATER ACCESS, SANITATION, AND HYGIENE

IN 2018, WE EXAMINED CALIFORNIA'S EFFORTS TO ADVANCE THE HUMAN RIGHT TO WATER. WE ALSO IDENTIFIED THE EXTENT TO WHICH CALIFORNIANS ARE LIVING WITH INCOMPLETE PLUMBING. FINALLY, WE COLLABORATED WITH STATE AGENCIES AND NGOS TO PROVIDE INPUT TO STATE AGENCIES ON IMPLEMENTING THE HUMAN RIGHT TO WATER.

CORPORATE WATER STEWARDSHIP

IN 2018, THE MANDATE LAUNCHED THE WATER SECURITY THROUGH STEWARDSHIP ACTION PLATFORM
WITH 31 MEMBER COMPANIES. THE MANDATE ALSO WELCOMED 18 NEW COMPANIES FOR A TOTAL OF
149 COMPANIES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WATER STEWARDSHIP, INCLUDING ITS ANNUAL MULTI-STAKEHOLDER CONVENING DURING STOCKHOLM WORLD WATER IN AUGUST, 2018. THE MANDATE ALSO PLAYED A KEY ROLE IN SIDE MEETINGS AT THE WORLD WATER FORUM IN BRASILIA TO PROMOTE CORPORATE WATER STEWARDSHIP THROUGH COLLECTIVE ACTION. THE MANDATE HELD TWO SIDE MEETINGS AT THE UN'S HIGH-LEVEL POLITICAL FORUM FOCUSED ON HOW WASH4WORK AND CORPORATE WATER STEWARDSHIP CAN DRIVE TRANSFORMATIONAL CHANGE TO SUPPORT SDG6.

THE MANDATE EXPANDED ENGAGEMENT AT THE GLOBAL LEVEL BY EXPLORING LONG-TERM ENGAGEMENT WITH THE GLOBAL COMPACT NETWORK'S IN BRAZIL, SOUTH AFRICA, INDONESIA, AND INDIA.

THE MANDATE ALSO LAUNCHED 100 NEW ONLINE RESOURCES TO THE WATER STEWARDSHIP TOOLBOX AND ADDED 320 PROJECTS TO THE WATER ACTION HUB.

THE MANDATE CONTINUED TO WORK ON THREE MAJOR INITIATIVES INCLUDING THE INITIATIVES, WASH4WORK. THE BUSINESS ALLIANCE FOR WATER AND CLIMATE, AND CONTEXTUAL WATER TARGETS.

IT ALSO ADVANCED SIX COLLECTIVE ACTION PROJECTS IN WESTERN CAPE, SOUTH AFRICA; TAMIL NADU, INDIA; SAO PAULO, BRAZIL, AND CALIFORNIA, USA.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS
THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND THE EXECUTIVE DIRECTOR SIGNED AND SUMBITTED. A COPY OF THE FORM IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS AFTER IT HAS BEEN FILED.

Employer identification number 94-3050434

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT
LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL
CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND
MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS
FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR
APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S
POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH LEVEL PERSONNEL ANNUALLY
IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE
COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND
APPROPRIATENESS OF SALARIES.EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS
THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S
POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
	:=	TOTAL	PROGRAM SERVICES	MANAGEMENT _& GENERAL	FUND- RAISING
PROFESSIONAL SERVICES	TOTAL \$	391,277. 391,277.	366,227. \$ 366,227.	24,892. \$ 24,892.	\$ 158. \$ 158.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE AUDIT COMMITTEE SELECTS AND OVERSEES AN INDEPENDENT ACCOUNTING FIRM TO CONDUCT THE AUDIT. NO CHANGE IN THE SELECTION METHOD OCCURED THIS YEAR.