Form

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

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OMB No. 1545-0047 2017 Open to Public Inspection

| Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Publ Open to | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------|---------------------------------|----------------|--|--|--|------------------|------------------------------------|-------------------------|--|--|--|
| A | For the 20' | 17 calendar y | ear, or t | ax year l | eginning | | , and ending | | | | | , | | | |
| В | Check if applicat | ole: C Name o | f organizatio | on | | | | | | D Employer | identification numb | er | | | |
| П | Address change | | | E. | ARTHRIGHT | S INT | ERNATIONAL, IN | ic. | |] | | | | | |
| П | Name change | | usiness as | | | | | | | | 265555 | | | | |
| = | • | | | | f mail is not delivere | | address) | | Room/suite | | E Telephone number 202-466-5188 | | | | |
| _ | Initial return/ Final return/ | | | | NW SUITE ountry, and ZIP or for | | roda | | | 202- | 400-2100 | | | | |
| | terminated | | | • | • | DC 20 | | | | | 1 66 | 59,735 | | | |
| П | Amended return | | IINGTO | of principal of | | DC 20 | 000 | | | G Gross reco | eipis\$ 4,00 | | | | |
| П | Application pend | | | CORE | | | | | H(a) Is this a gr | oup retum for s | ubordinates? Yes | s X No | | | |
| | | * D15 | 1421151 | COLU | TH 11.4 | | | | H(b) Are all su | bordinates inclu | uded? Yes | s No | | | |
| | | | | | | | | | | | (see instructions) | | | | |
| _ | Tax-exempt sta | itus; X | 501(c)(3) | 501(c | . / \ 🗗 | (insert no.) | 4947(a)(1) or | 527 | | | | | | | |
| + | Website: | WWW.EA | | | | (IIISBIT FIG.) | 4341(a)(1) OI | 021 | H(c) Group exe | emnlion aumbe | r > | | | | |
| <u></u> | Form of organiz | | poration | Trust | Association | Other | > | t. Ye | ar of formation: 1 | | M State of legat don | nicile: MA | | | |
| 2000 | Part I | Summary | | Hust | 7330028011 | Ouki | | 12 70 | or or ionitional — | 1 | W State of logar don | MONOT THE PARTY OF | | | |
| | ·/ | | | ration's m | ission or most | significar | nt activities: | | | · | | | | | |
| a) | | | | | | | | HUMAN R | IGHTS AN | D THE | | | | | |
| Governance | EN | TO WORK WITH PEOPLE AROUND THE WORLD TO PROTECT HUMAN RIGHTS AND THE ENVIRONMENT | | | | | | | | | | | | | |
| Ë | | | | | | | | | | | ., | | | | |
| ove. | 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | |
| | 3 Numb | | | _ | | | ine 1a) | | | | 8 | | | | |
| •ජ ග | | | | | | | dy (Part VI, line 1b) | | | | 6 | | | | |
| Activities | 5 Total | number of in | dividuals | emnloved | l in calendar ve | ar 2017 | (Part V line 2a) | | | 5 | 33 | | | | |
| cţ | | | umber of individuals employed in calendar year 2017 (Part V, line 2a) umber of volunteers (estimate if necessary) | | | | | | | | 10 | | | | |
| ∢ | | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | | | 0 | | | |
| | | | | | | | e 34 , | | | 7a 7b | | 0 | | | |
| | D rich c | miciatou Daoi | TOOO TON | 2010 1110011 | | | <u> </u> | L | Prior Ye | ar | Current Ye | | | | |
| Revenue | 8 Contr | ibutions and | grants (P | Part VIII, li | ne 1h) | | | <i></i> | 3,12 | 0,000 | 3,869 | 9,353 | | | |
| | 9 Progr | am service re | evenue (f | Part VIII, I | ine 2g) | | | L | | | | 0 | | | |
| eve | 10 Inves | tment income | (Part VI | II, column | ı (A), lines 3, 4 | , and 7d) | | L | | 9,728 | | 9,639 | | | |
| œ | 11 Other | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | 0,400 | | 4,522 | | | |
| _ | | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | 0,128 | | 3,514 | | | |
| | | | | | | | 1–3) | | 1 | 4,000 | | 4,539 | | | |
| | į. | | | | t IX, column (A | | | | | 4 604 | | | | | |
| S | 15 Salari | | | | | | olumn (A), lines 5–10) | _ | | 4,604 | 2,163 | 3,080 | | | |
| sesued | 16a Profe | | | | (, column (A), I | | 352,91 | | | 5,000 | | U Residence services | | | |
| | | _ | • | • | column (D), line | | | .6 | 1 00 | A 00F | 1 40 | 0 470 | | | |
| û | | | | | , lines 11a-11d | | | | | 9,895 | | 9,478 | | | |
| | | | | | | | n (A), line 25) | | | 3,499 | | 7,097 | | | |
| - W | | nue less exp | enses. Si | ubtract lin | e 18 from line | 12 | | | Beginning of Cu | 3,371 | End of Ye | 6,417 ar | | | |
| ts or | 20 Total | assets (Part | Y line 16 | R) | | | | | | 6,053 | | 2,953 | | | |
| Net Assets | 20 Total | liabilities (Pa | | 001 | | | | 1 | | 3,590 | | 8,433 | | | |
| 9 | 22 Nets | | | | t line 21 from I | | | ····· | | 2,463 | | 4,520 | | | |
| | art II | Signature | | | 20 11.00 | | <u></u> | | , | <u> </u> | | | | | |
| | | | | | amined this retur | n includir | ng accompanying schedules | and statemen | ts, and to the b | est of mv kn | owledge and belie | f, it is | | | |
| | | | | | | | ed on all information of whi | | | | - | • | | | |
| | | | | | 1771 | | | | | | | | | | |
| Siç | gn 📗 🏲 | Signature of | officer | 24 | | $\overline{}$ | <u>, </u> | | ······································ | Date | / ~ 1. | <i>و</i> ئي ——— | | | |
| He | | STAN | LEÝ | CORE | 1AN | | | TREASU | RER | | 11/2/1 | χ | | | |
| | | Type or print | name and ti | itle | | | , | | | | | | | | |
| | Print | /Type preparer's | name | | | Preparer's | signature | | Date | Check | if PTIN | -· | | | |
| Pai | d MAR | GARET H M | ARTINEZ | | | MARGAR | ET H MARTINEZ | | 10/31 | ./18 self-em | | | | | |
| | | 's name | LE' | | ASSOCIA | | PC | | | Firm's EIN 🕨 | 20-058 | 8376 | | | |
| Use | e Only | | | | ATON PL | | | · | | | | | | | |
| _ | | 's address 🕨 | | IRFAX | | | -2225 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Phone no. | 703-218 | | | | |
| _ | - | | | | rer shown abov | | instructions) | | | | X Yes | | | | |
| For | | Reduction Act | Notice, | see the se | parate Instructi | ons. | | | | | Form | 990 (2017) | | | |
| -/-/- | , | | | | | | | | | | | | | | |

| Form 990 (2017) EARTHRIGHTS INTERNATIONAL, INC. 04-3265555 | Page 2 |
|---|---|
| Part III Statement of Program Service Accomplishments | |
| Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 Briefly describe the organization's mission: | |
| TO WORK WITH PEOPLE AROUND THE WORLD TO PROTECT HUMAN RIGHTS | 3 AND THE |
| ENVIRONMENT | |
| • | |
| | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the | □,, ਓ,, |
| prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes X No |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| 10 | Yes X No |
| services? If "Yes," describe these changes on Schedule O. | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measure | ed by |
| expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o | - |
| the total expenses, and revenue, if any, for each program service reported. | |
| | |
| 4a (Code:) (Expenses \$ 423,237 including grants of \$ 4,410) (Revenue | e \$) |
| ADVOCACY AND CAMPAIGNS: SEEKS TO RAISE AWARENESS AND BUILD I | |
| FOR EARTH RIGHTS ISSUES. GOAL IS TO HOLD CORPORATE AND GOVER | |
| RIGHTS & ENVIRONMENTAL OFFENDERS ACCOUNTABLE FOR THEIR ACTIO | ONS. |
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| · · · · · · · · · · · · · · · · · · · | ••••• |
| 4b (Code:) (Expenses \$ 1,708,208 including grants of \$ 129) (Revenue LEGAL: SEEKS TO PROVIDE REMEDIES FOR RIGHTS ABUSES AROUND THE LAWSUITS ARE PURSUED TO HOLD CORPORATIONS AND OTHERS ACCOUNT ACTIONS BOTH DOMESTICALLY AND GLOBALLY. | HE WORLD. PABLE FOR THEIR |
| · | |
| ····· | .,., |
| • | |
| - | • |
| 4c (Code:) (Expenses \$ 282,192 including grants of \$) (Revenue | a \$ \ |
| THE EARTHRIGHTS SCHOOLS: EDUCATES PEOPLE OF SOUTHEAST ASIA A AMERICA IN ENVIRONMENTAL AND HUMAN RIGHTS MONITORING AND ADVITECHNIQUES. | ND SOUTH |
| • | |
| ······································ | •••••••••• |
| | • |
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| | |
| *************************************** | |
| 4d Other program services (Describe in Schedule O.) | |
| (Expenses \$ 613,301 including grants of \$) (Revenue \$ |) |
| 4e Total program service expenses 3,026,938 | |

| | t IV Checklist of Required Schedules | | Yes | No |
|----|---|-----|------|----------|
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| Ļ | 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 |
| | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 3 | 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 |
|) | 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 | |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | |
| | 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 | 11b | | 2 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 2 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 2 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | ; |
| 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 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ; |
| } | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | <u> </u> |
| la | Did the organization maintain an office, employees, or agents outside of the United States? | | X | ╀ |
| 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 | 14b | x | |
| i | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 | | | |
| 3 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | | |
| 7 | 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) | | | |
| 3 | 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 | | | |
| 9 | 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 | m 99 | |

| 20a | Did the organization operate one or more bosnital facilities? If 19/2 - 11 | | Yes | No |
|------|--|-------|---------------|----------|
| | The state of the s | 20a | <u> </u> | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | _ |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | ٠,, |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | . 21 | | X |
| | Part IX, column (A) line 22 If "Yes" complete Schedule I, Parts I and III | 00 | | ٠,, |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | | X |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | <u> </u> | _ |
| | \$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 | 240 | | ~ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | . 24a | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| | to defease any tay event hands? | 240 | | |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24d | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 250 | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 25a | | |
| | 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 1. Part I | 256 | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 25b | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | | | v |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | . 26 | | X |
| | 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 "Vas." complete Schodule 1. Dad III | | | v |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | . 27 | E8888 | <u> </u> |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 00- | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 28a | | X |
| | Schedule L, Part IV | 001 | | **** |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 28b | | X |
| | Was an officer, director, trustee, or direct or indirect owner? If "Vas " complete Schodule 1. Dort 1/4 | 00- | | ₩. |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | . 29 | \rightarrow | X |
| | consonication, contributions 2 if "Voc." consulate Debuggies | _ | | 77 |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | . 30 | | X |
| | | | - 1 | 77 |
| 32 | Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | . 31 | | <u> </u> |
| | | | | 77 |
| | Complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| | sections 301 7701-2 and 301 7701 32 # "Vos." complete Schodule D. Datt I | | 1 | |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | X |
| • | or IV and Davi V time d | | | |
| 35a | Did the organization have a controlled entity within the magning of gestion 540/5/4000 | 34 | | <u>X</u> |
| b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | <u>x</u> |
| ~ | controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within the meaning of section \$43/b/(43)3 (5%) and the controlled entity within | | | |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | 1 | |
| 37 1 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i> | | 1 | |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | | <u>x</u> |
| | 197 Note. All Form 990 filers are required to complete Schedule O. |] [| | |
| | rot revolution from your more are required to complete echedine (). | 38 | X | |

X

Form 990 (2017)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| | 990 (2017) EARTHRIGHTS INTERNATIONAL, INC. 04-3265555 | | | | Page (|
|--------------|--|------------------|----------|-----------------|--|
| P | art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | v, and f | for a | "No" | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule | O See | e ins | tructic | ns. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | X |
| Se | tion A. Governing Body and Management | | | | ···· |
| | | _ | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 8 | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | ľ | | | |
| | committee, explain in Schedule O. | ŀ | | | |
| þ | Enter the number of voting members included in line 1a, above, who are independent 1b 6 | ŀ | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | |
| | any other officer, director, trustee, or key employee? | ľ | 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 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | ····· [| 4 | 1 | X |
| 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 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | † | |
| | one or more members of the governing body? | | 7a | | x |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, | ····· | - ** | | |
| | stockholders, or persons other than the governing body? |]. | `7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the year by the year by the following the year by the following the year by the y | wina: | | 1300000 | |
| а | The governing body? | | 8a | X | 1444 (1948) (A) |
| þ | Each committee with authority to act on behalf of the governing body? | ···· | 8b | x | |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | X |
| ec | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | ie Cod | le.) | | ** |
| | | | <u> </u> | Yes | No |
|)a | Did the organization have local chapters, branches, or affiliates? | Γ | 10a | 103 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | ····· | ioa | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| la | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ····· | 11a | х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | (25) | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X | edulasiyi |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ····· - | 12b | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 120 | | |
| | describe in Schedule O how this was done | | 12c | x | |
| } | Did the organization have a written whistleblower policy? | | 13 | X | |
| ļ | Did the organization have a written document retention and destruction policy? | ····- ⊢ | 14 | X | |
| | Did the process for determining compensation of the following persons include a review and approval by | ···· | 14 | | Significan |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | l. | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15- | | |
| b | Other officers or key employees of the organization | H | 15a | X | |
| | f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 1 | 15b | <u> </u> | Designation is |
| a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 100 | | | |
| | with a taxable entity during the year? | | | | 77 |
| b | f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1 | 16a | Special Control | <u> </u> |
| | 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? | 188 | | | |
| ct | organization's exempt status with respect to such arrangements? on C. Disclosure | <u>,,,,, [1</u> | 6b | | |
| | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed MA, VA, CA, NY, MD, DC, IL, CO | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. K Own website Another's website K Upon request Other (explain in Schodule O) | | | | |
| İ | Total (explain in Schedule O) | | | | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | | |
| | inancial statements available to the public during the tax year. | | | | |
| 2 2 1 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | |
| | WITHOUT AND THE PROPERTY OF TH | | | | |
| 117 | MINGTON DC 20006 4 | コハコー | 161 | · E 1 | 00 |

DC 20006

| Form 990 (201) | 17) EARTHRIGHTS INTERNATIONAL, INC. 04-32 | 265555 | Page 7 |
|---|--|-----------------------------------|----------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, | Highest Compensated Employees, ar | nd |
| | Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Pa | art VII | <u>L</u> |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | yees | |
| organization's t | this table for all persons required to be listed. Report compensation for the calendar year tax year. | ending with or within the | |
| List all of compensation. | of the organization's current officers, directors, trustees (whether individuals or organizat . Enter -0- in columns (D), (E), and (F) if no compensation was paid. | ions), regardless of amount of | |

- 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.

| compensated employees; and forme Check this box if neither the org. | anization nor an | y rela | ated | orga | nizal | ion cor | npensated any current office | i | |
|--|---|-----------------------------------|---|---------|--------------|-------------------------------------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for | box offi | (O Posi (do not check r box, unless per officer and a d | | | both an /trustee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | (W-2/1099-MISC) | | organization and related organizations |
| (1) LARA JOHNSON | | | | | | | | | |
| | 4.00 | | | | | | | | 0 |
| DIRECTOR | 0.00 | X | | | | | 7,000 | 0 | 0 |
| (2) STANLEY CORFMAN | | | | | | | , i | · | |
| mpri a critero | 1.00 | \mathbf{x} | } | x | | | o | o | 0 |
| TREASURER (3) KATHERINE TILLER | | Λ | | -#X | | - | | | |
| (2) LEATHERTINE TTERM | 0.50 | | | | | | · · | | |
| DIRECTOR | 0.00 | x | | | | | . 0 | 0 | 0 |
| (4) ASTRID PUENTES | | Ī | | | | | | • | |
| | 0.50 | | | | · | | | _ | |
| DIRECTOR | 0.00 | X | | | L_ | | 0 | 0 | 0 |
| (5) AARON ESKE | | | | | | | | | |
| | 2.00 | | 1 | 37 | | | 0 | o | . c |
| CO-CHAIR | 0.00 | X | | X | <u> </u> | \vdash | <u> </u> | | |
| (6) ABBY REYES | 2.00 | | | | | | | | |
| CO-CHAIR | 0.00 | x | | x | | | 0 | 0 | |
| (7) KA HSAW WA | | | t | | T | | | | |
| (.,,=================================== | 40.00 | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | <u> </u> | | 139,566 | 0 | 12,215 |
| (8) KATHARINE J. RE | | | | | | | | , | |
| | 40.00 | | | | | | 110 014 | 0 | 11,832 |
| DIRECTOR | 0.00 | | - | X | <u> </u> | | 119,944 | <u> </u> | 11,632 |
| (9) MARCO SIMONS | 40.00 | | | | | | | | |
| PROG DIR/GEN COUNSEL | 40.00 | 1 | | | | x | 102,839 | 0 | 2,502 |
| (10) | | | | 1 | | | | | 1 |
| | | - | | | | | | | |
| (11) | | T | 1 | \top | | | | | |
| . , | | | | | | | | | |
| DAA | <u> </u> | | | 1 | <u> </u> | <u> </u> | | | Form 990 (2017 |

| (A) Name and title | (B) Average hours per week (list any hours for | (C) Position (do not check more than box, unless person is bo officer and a director/tru | | | | | one 1 an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|---|---|--|--------------------------------|--------------------------------|---------------------------|--------------------------------|-------------|---|--|--|
| . * | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MiSC) | (W-2/1099-MISC) | from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | · | |
| | | | | | | | | | | |
| 1b Sub-total c Total from continuation shee | ts to Part VII, Se | ectio | on A | | | | > | 369,349 | | 26,549 |
| d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from | luding but not lin | nited | to t | hose | liste | ed at | oove; | 369,349 who received more than \$ | 100,000 of | 26,549 |
| 5 Did any person listed on line 1a for services rendered to the org | complete Schedu 1a, is the sum of cations greater the category a receive or accruganization? If "Ye | <i>ile J</i> of rep han ue c | for a corta \$150 omp | such ble (),000 ensa | indi comp)? If | vidua censa "Yes from | ation | n and other compensation from plete Schedule J for such | om the | Yes No X X |
| Section B. Independent Contractor 1 Complete this table for your five compensation from the organization | e highest compe | nsate | ed in | depe | ende | nt co | ontra | actors that received more that vear ending with or within | an \$100,000 of | or . |
| Name and b LAW & POLICY OF SUST. HANOI | (A) Jusiness address | | | | | | ר מ | Description THAI TONG ST ONSULTING | a) of services | Compensation 105,293 |
| | | ·········· | | | <u></u> | | | | | , |
| | | | | | **** | | | | | |
| Total number of independent correceived more than \$100,000 or | entractors (includi | ng b | ut no | ot lin | nited | to the | hose | e listed above) who | 1 | |
| AA | | | | | | · · · P | | | | Form 990 (2017) |

2,666

5,394

36,116

34,522

4,013,514

2,666

5,394

C POST WIWA SETTLEMENT

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo | omplete all columns. All oth | er organizations must co | mplete column (A). | |
|-----|---|---|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | guilletai Oxportico | одренаез |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | Individuals. See Part IV, line 22 | ļ | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 4,539 | 4,539 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 259,510 | 166,609 | 18,972 | 73,929 |
| 6 | Compensation not included above, to disqualified | | | 20,5,2 | 10,020 |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,573,730 | 1,326,047 | 91,695 | 155,988 |
| 8 | Pension plan accruals and contributions (include | | | | 100,000 |
| | section 401(k) and 403(b) employer contributions) | 24,470 | 19,924 | 1,477 | 3,069 |
| 9 | Other employee benefits | 166,454 | 135,530 | 10,048 | 20,876 |
| 10 | Desiral towns | 138,916 | 113,108 | 8,386 | 17,422 |
| 11 | Fees for services (non-employees): | | | 0,500 | 1/,364 |
| а | | 1,838 | | 1,838 | |
| b | | 41,855 | 41,855 | 1,000 | |
| C | | 47,554 | 27,811 | 19,512 | 231 |
| d | Lohbving | 27,002 | 27,811 | 19,012 | |
| | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 26,696 | | 26,696 | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | 20,000 | | 20,090 | |
| ອ | (A) amount, list line 11g expenses on Schedule O.) | 292,551 | 278,976 | 7 171 | 6 101 |
| 12 | Advertising and promotion | . 232,331 | 210,910 | 7,474 | 6,101 |
| 13 | Office expenses | 212,626 | 162,392 | 10 420 | 21 700 |
| 14 | Office expenses Information technology | 29,607 | 21,550 | 18,438 | 31,796 |
| 15 | Royalties | 29,007 | 21,330 | 2,080 | 5,977 |
| 16 | Royalties | 186,464 | 149,482 | 18,491 | 10 401 |
| 17 | Occupancy Travel | 477,556 | 456,779 | | 18,491 |
| 18 | Payments of travel or entertainment expenses | 477,000 | 430,119 | 9,083 | 11,694 |
| 10 | | | | | |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings | 28,008 | 27 826 | | 400 |
| 20 | Interest | 28,008 | 27,826 | | 182 |
| 21 | | | | | |
| 22 | Payments to affiliates Depreciation, depletion, and amortization | 15,359 | 11 604 | 2 4 5 4 | |
| 23 | | 8,757 | 11,684 | 3,461 | 214 |
| 24 | Insurance Other expenses, Itemize expenses not covered | 0,131 | 61 | 8,696 | |
| 24 | 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.) BOARD | 20 005 | | | |
| a | · · · · · · · · · · · · · · · · · · · | 38,285 | | 38,285 | |
| b | OTHER DI ANNING MIGG | 30,906 | 25,572 | 653 | 4,681 |
| C | PLANNING, MISC | 28,946 | 24,723 | 1,958 | 2,265 |
| d | INTERNS & VOLUNTEERS | 16,815 | 16,815 | | |
| | All other expenses | 15,655 | 15,655 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,667,097 | 3,026,938 | 287,243 | 352,916 |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs | • | | | |
| | from a combined educational campaign and | | ļ | | |
| | fundraising solicitation. Check here ▶ if | *************************************** | Leave | | |
| DAA | following SOP 98-2 (ASC 958-720) | | | | |
| ~~~ | | | | | Earn 990 (2017) |

EARTHRIGHTS INTERNATIONAL, INC. 04-3265555 Page 11 Form 990 (2017) 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 2,129,291 2,522,341 1,922,705 Savings and temporary cash investments 2 2 2,713,716 3 Pledges and grants receivable, net 45,162 40,561 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 35,313 45,070 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,238,790 b Less: accumulated depreciation 10b 889,862 1,165,159 2,461,787 2,040,629 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 103,900 103,510 15 Other assets. See Part IV, line 11 15 8,462,953 7,756,053 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 71,422 62,878 17 Accounts payable and accrued expenses 17 18 18 Grants payable 560 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 116,451 110,712 of Schedule D 188,433 173,590 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ | X| and complete lines 27 through 29, and lines 33 and 34. Balances 4,194,386 2,910,117 Unrestricted net assets 27 4,672,346 4,080,134 28 Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ò complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

8,462,953 Form 990 (2017)

8,274,520

31

32

33

7,582,463

7,756,053

31

32

| For | n 990 (2017) EARTHRIGHTS INTERNATIONAL, INC. 04-3265555 | | | Pa | ge 12 |
|-----|---|----|-------|---------|--------------|
| P | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . П |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,0 | 13, | 514 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,6 | 67, | 097 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3 | 46, | 417 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,5 | 82, | 463 |
| 5 | Net unrealized gains (losses) on investments | 5 | 3 | 36, | 688 |
| 6 | Donated services and use of facilities | 6 | | 8, | 952 |
| 7 | investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 8,2 | 74, | 520 |
| Pa | art XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | <u> </u> | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | USUS. | \$300 E | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | 0.0 |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | x | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | ,, | | | 2000000 |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |
| | | | Enn | 990 | (2017) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OM8 No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

| | | | | | INC. | | 04-326 | | | | | | |
|--------|---|---|-------------------------------|---|-------------|--------------|-------------------------------------|--------------------|--|--|--|--|--|
| Par | t I | Reaso | on for Public Charity | Status (All organizations | must co | mplete | this part.) See instruction | 18. | | | | | |
| The or | ganiza | | | e it is: (For lines 1 through 12, | | | | | | | | | |
| 1 | | | • | ociation of churches described | | | | | | | | | |
| 2 | | | | A)(ii). (Attach Schedule E (Forr | | | X- X-7 | | | | | | |
| ⊁ | _ | | 1 21 71 | ce organization described in se | | | III) | | | | | | |
| 3 | | | | t in conjunction with a hospital | | | | nenitalie nama | | | | | |
| 4 | | | - | in conjunction with a nospital | described | III SECTIO | ii 170(b)(1)(A)(iii). Litter the fi | ospitars marito, | | | | | |
| | | , and state | | | | | | | | | | | |
| 5 | | • | • | of a college or university owned | or operate | ed by a g | overnmental unit described in | | | | | | |
| Г | | | b)(1)(A)(iv). (Complete Part | | | | | | | | | | |
| 6 | | | | overnmental unit described in s | | | | | | | | | |
| 7 | | - | _ | substantial part of its support fr | om a gove | mmental | unit or from the general public | | | | | | |
| г | | described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | f | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | | | | |
| 9 | | | | | | | | je | | | | | |
| | | or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: | | | | | | | | | | | |
| 10 | X An | organizatio | on that normally receives: (1 |) more than 33 1/3% of its sup | port from | contribution | ons, membership fees, and gro | 988 | | | | | |
| _ | | | | npt functions—subject to certain | | | | | | | | | |
| | | | • | nd unrelated business taxable in | _ | | · · | | | | | | |
| | acc | quired by ti | ne organization after June 3 | 0, 1975. See section 509(a)(2) | . (Comple | te Part III | .) | | | | | | |
| 11 | _ | ~ | | exclusively to test for public saf | - | | | | | | | | |
| 12 | | | | exclusively for the benefit of, to | | | | | | | | | |
| | of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). | | | | | | | | | | | | |
| | Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | | | | |
| | a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving | | | | | | | | | | | | |
| | the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the | | | | | | | | | | | | |
| | supporting organization. You must complete Part IV, Sections A and B. | | | | | | | | | | | | |
| | b 📙 | | | pervised or controlled in conne | | | | | | | | | |
| | | | | ting organization vested in the | same pers | ons that | control or manage the support | ed | | | | | |
| | | _ | | Part IV, Sections A and C. | | | | | | | | | |
| | c 📙 | | | supporting organization operate structions). You must complete | | | | ith, | | | | | |
| | dП | Type III | non-functionally integrated | d. A supporting organization op- | erated in o | connection | n with its supported organization | n(s) | | | | | |
| | <u></u> | | | e organization generally must s | | | | | | | | | |
| | | requireme | ent (see instructions). You r | nust complete Part IV, Sectio | ns A and | D, and P | art V. | | | | | | |
| | е 🗌 | | | eived a written determination for on-functionally integrated suppo | | | a Type I, Type II, Type III | | | | | | |
| | f En | | nber of supported organizati | | | | | | | | | | |
| | | | | he supported organization(s). | | | | | | | | | |
| 6) | | supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of | | | | | |
| (1) | organiza | | (1) | (described on lines 1–10 | | ır governing | support (see | other support (see | | | | | |
| | | | | above (see instructions)) | doca | nent? | instructions) | instructions) | | | | | |
| | | | | | Yes | No | | | | | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | - | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| ***** | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |

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.)

| | Part III. If the organization | fails to qualify | under the tests | listed below, p | olease complete | e Part III.) | |
|----------|---|--------------------------------------|---|--|---|--------------|---------------------------------------|
| <u> </u> | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 2 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the | 2,726,285 | 2,094,839 | 4,930,214 | 3,120,000 | 3,869,353 | 16,740,691 |
| 2 | organization's benefit and either paid to or expended on its behalf | | | | | | · · · · · · · · · · · · · · · · · · · |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | , | | | | |
| 4 | Total. Add lines 1 through 3 | 2,726,285 | 2,094,839 | 4,930,214 | 3,120,000 | 3,869,353 | 16,740,691 |
| 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) | | | | | | 3,847,135 |
| 6 | Public support, Subtract line 5 from line 4. | | | | | | 12,893,556 |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 2,726,285 | 2,094,839 | 4,930,214 | 3,120,000 | 3,869,353 | 16,740,691 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 8,474 | 15,778 | 31,180 | 45,871 | 109,829 | 211,132 |
| | | | | , | 20/0/2 | 202,022 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 7,667 | 235 | | 6,200 | 600 | 14,702 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | · | | | 3,200 | 16 460 | 10.000 |
| 11 | Total support. Add lines 7 through 10 | | 01185 11186 1118 1118 1118 1118 1118 1118 | n ventra de Martin Personales de la companya de la | 3,200 | 16,462 | 19,662 16,986,187 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | in in the property of the second seco | | 12 | 1,708,312 |
| 13 | First five years. If the Form 990 is for the | organization's first. | second third four | th or fifth tax vear | r as a section 501/ | | 1,700,312 |
| | organization, check this box and stop her | | | | | | ▶□ |
| Sec | tion C. Computation of Public St | ipport Percent | age | | | | |
| 14 | Public support percentage for 2017 (line 6 | , column (f) divided | by line 11, column | (f)) | | 14 | 75.91 % |
| 15 | Public support percentage from 2016 Sche | edule A, Part II, line | | | | | 67.43% |
| 16a | 33 1/3% support test-2017. If the organi | ization did ņot checl | k the box on line 1 | 3, and line 14 is 3 | 3 1/3% or more, ch | neck this | |
| | box and stop here. The organization quali | | | | | | ▶ 🗓 |
| b | 33 1/3% support test—2016. If the organi | ization did not checl | c a box on line 13 o | or 16a, and line 15 | 5 is 33 1/3% or mo | re, check | |
| | this box and stop here. The organization | | | | * | | ▶ 🔲 |
| 17a | 10%-facts-and-circumstances test-201 | | | | | | |
| | 10% or more, and if the organization meet | | | | | | |
| | Part VI how the organization meets the "fa organization | ***** | | | | | > 🔲 |
| b | 10%-facts-and-circumstances test—201 | If the organizatio | n did not check a b | ox on line 13, 16a | a, 16b, or 17a, and | line | |
| | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part VI how the organization me supported organization | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did instructions | not check a box or | n line 13, 16a, 16b, | 17a, or 17b, chec | ck this box and se∈ | ; | |

Schedule A (Form 990 or 990-EZ) 2017 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 | quality drider at | o tooto notou p | olott, plodoo oc | ripioto i die iii | <u> </u> | |
|-----|--|------------------------|--------------------|------------------|------------------------------|-----------|------------|
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "tinusual grants.") | 2,726,285 | 2,094,839 | 4,930,214 | 3,120,000 | 3,869,353 | 16,740,691 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,693,396 | | | | 14,916 | 1,708,312 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | -700 | 77,475 | 3,200 | 2,356 | 82,331 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | · | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 4,419,681 | 2,094,139 | 5,007,689 | 3,123,200 | 3,886,625 | 18,531,334 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | 18,531,334 |
| Sec | line 6.) tion B. Total Support | | | | | | 10,331,334 |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | 4,419,681 | 2,094,139 | 5,007,689 | 3,123,200 | 3,886,625 | 18,531,334 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 8,474 | 15,778 | 31,180 | . 45,871 | 109,829 | 211,132 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | · | | | | |
| c | Add lines 10a and 10b | 8,474 | 15,778 | 31,180 | 45,871 | 109,829 | 211,132 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 7,667 | 235 | | 6,200 | 600 | 14,702 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 3,200 | 16,462 | 19,662 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | 0.450.454 | | 10 776 000 |
| 14 | and 12.) First five years. If the Form 990 is for the | 4,435,822 | 2,110,152 | 5,038,869 | 3,178,471 r as a section 501 | <u> </u> | 18,776,830 |
| 14 | organization, check this box and stop her | - | | | | | ▶□ |
| Sec | tion C. Computation of Public S | | | | | | |
| 15 | Public support percentage for 2017 (line 8 | , column (f) divided | by line 13, column | 1 (f)) | | 15 | 98.69 % |
| 16 | Public support percentage from 2016 Scho | edule A, Part III, lin | e 15 | | | | 88.98 % |
| Sec | tion D. Computation of Investme | | | | | 1 1 | |
| 17 | Investment income percentage for 2017 (I | | | | | | 1% |
| 18 | Investment income percentage from 2016 | | | d and the df is | | 18 | 1 %_ |
| 19a | 33 1/3% support tests—2017. If the orga | | | | | | ▶ X |
| b | 17 is not more than 33 1/3%, check this b 33 1/3% support tests—2016. If the orga | | | | | | |
| Ŋ | line 18 is not more than 33 1/3%, check the | | | | | | ▶□ |
| 20 | Private foundation. If the organization die | | | | | | |

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.)

INC.

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations,
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 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).
- 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?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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|-------|--|------------------|------------------|--|
| га | t IV Supporting Organizations (continued) | | | N- |
| | The the second of the constant of the first of the following of the following of the first of th | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | on 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 | and the second | |
| 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, | | | |
| Cooti | supervised, or controlled the supporting organization. | 2 | | L |
| Secu | on C. Type II Supporting Organizations | | | T |
| | | | 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 | | |
| Secti | on 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? | 11 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | 30 (00 min of |
| ~ | • | | | |
| | 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 | | e a se |
| 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 | | |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations | 4,4 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | ructions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | e instructions). | | |
| | | | | |
| 2 / | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 12- | 4427475 | |
| | that these activities constituted substantially all of its activities. | 2a | | 100000000000000000000000000000000000000 |
| 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 | olikinalii kaasa | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard | 3b | | <u> </u> |

| Schedule A (Form 990 or 990-EZ) 2017 EARTHRIGHTS INTERNATION | NAL, INC. | 04-3265 | 555 Page (|
|---|------------------|----------------------------|---|
| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organizat | ions | , |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying to | | | 90 |
| instructions. All other Type III non-functionally integrated supporting organization | ations must comp | ete Sections A through E | • |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | • | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | ` | | Current Year |
| 1 Adjusted net income for prior, year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | *************************************** |
| 5 Income tax imposed in prior year | 5 | | *************************************** |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally in | | supporting organization (s | :ee |
| instructions). | O | . 1 | |
| | | | |

EARTHRIGHTS INTERNATIONAL, 04-3265555 Schedule A (Form 990 or 990-EZ) 2017 INC. Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported 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. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2017: а b From 2013 c From 2014..... d From 2015 e From 2016. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 ... c Excess from 2015 d Excess from 2016 e Excess from 2017

| | rm 990 or 990-EZ) 2017 | | | | NAL, INC. | | |
|---|---|---|-------------------|---|---|---|-------------------|
| Part VI | Supplemental | Information. P | rovide the expla | anations requ | ired by Part II, | ine 10; Part II, line 17a | or 17b; Part |
| | III, line 12; Part | IV, Section A, Ii | nes 1, 2, 3b, 3d | c, 4b, 4c, 5a, | 6, 9a, 9b, 9c, 1 | 1a, 11b, and 11c; Part | IV, Section |
| | B, lines 1 and 2 | 2; Part IV, Sectio | n C, line 1; Pai | rt IV, Section | D, lines 2 and | 3; Part IV, Section E, li | nes 1c, 2a, 2b, |
| - | 3a and 3b; Part | t V, line 1; Part \ | /, Section B, lin | ne 1e; Part V, | , Section D, line | s 5, 6, and 8; and Part | V, Section E, |
| | lines 2, 5, and | Also complete | this part for a | ıny additional | information. (S | ee instructions.) | |
| | | _ | - | | | | |
| PART I | II, LINE 1 | 2 - OTHER | INCOME DI | ETAIL | | | |
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| CONTRA | CT SERVICE | INCOME | | \$ | 19,662 | | |
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

| EARTHRIGHTS | INTERNATIONAL, INC. | ~ ~ ~ ~ ~ O O O O O |
|--|--|--|
| Organization type (check | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private found | dation |
| | 527 political organization | • |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | on |
| | 501(c)(3) taxable private foundation | |
| | | • |
| | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule an | d a Special Rule. See |
| General Rule | | |
| | on filling Form 990, 990-EZ, or 990-PF that received, during the year, contribut y or property) from any one contributor. Complete Parts I and II. See instruction contributions. | |
| Special Rules | | |
| regulations under 13, 16a, or 16b, ar | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /s sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.0 | or 990-EZ), Part II, line of the greater of (1) |
| contributor, during | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reg the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, chional purposes, or for the prevention of cruelty to children or animals. Comple | naritable, scientific, |
| contributor, during contributions totale during the year for General Rule app | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reg the year, contributions exclusively for religious, charitable, etc., purposes, belied more than \$1,000. If this box is checked, enter here the total contributions or an exclusively religious, charitable, etc., purpose. Don't complete any of the polies to this organization because it received nonexclusively religious, charital more during the year | out no such s that were received parts unless the ble, etc., contributions |
| | that isn't covered by the General Rule and/or the Special Rules doesn't file S t must answer "No" on Part IV, line 2, of its Form 990; or check the box on lin | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) PAGE 1 OF 2 Name of organization Employer identification number **-***5555 EARTHRIGHTS INTERNATIONAL, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 90,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 105,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 600,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Person X Payroll 80,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5 Person Payroll 616,551 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + Total contributions Type of contribution 6 Person Payroll 200,000 Noncash

(Complete Part II for noncash contributions.)

PAGE 2 OF 2

Page 2

Name of organization
EARTHRIGHTS INTERNATIONAL, INC

Employer identification number **-**5555

| 19711/3 | IINTONIO INIBINALIONAL, INC. | | ····JJJJ |
|------------|--|--------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space i | s needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ 225,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 8 | | \$ 150,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | Name, address, and En 14 | \$ 600,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 10 | Name, address, and ZIP + 4 | Total contributions \$ 100,000 | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$ 215,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$ 150,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5 | Section 501(c)(4), (5), or (6) organizations: Complete Part III | | | | |
|--------------|---|-----------------------------------|--|--|--|
| Nam | e of organization | | | | tification number |
| | EARTHRIGHTS INTERNAT | | | 04-32655 | |
| Pa | rt I-A Complete if the organization is exem | pt under section 501(c |) or is a section | on 527 organization | on. |
| 1 | Provide a description of the organization's direct and indire | ect political campaign activities | in Part IV. (see in | structions for | |
| | definition of "political campaign activities") | | | | 1 |
| 2 | Political campaign activity expenditures (see instructions) | | | ▶ \$ | |
| 3 | Volunteer hours for political campaign activities (see instru | ıctions) | | | |
| Pa | t I-B Complete if the organization is exem | | | | |
| 1 | Enter the amount of any excise tax incurred by the organiz | ation under section 4955 | | ▶\$ | |
| 2 | Enter the amount of any excise tax incurred by organizatio | n managers under section 495 | i5 | ▶ \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | .,.,,, | Yes No |
| | | | | ,,-,, | Yes No |
| 200, 200, 20 | If "Yes," describe in Part IV. | 4 1 41 =64/ | | | |
| Pa | rt I-C Complete if the organization is exem | | | ion 501(c)(3). | |
| 1 | | on for section 527 exempt fun- | ction | | |
| | activities | | | ▶\$ | |
| 2 | Enter the amount of the filing organization's funds contribu- | U | | | • |
| _ | | | | > \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Ent | | · | | |
| | line 17b | _ | | | |
| 4 | Did the filing organization file Form 1120-POL for this year | | | | Yes No |
| 5 | Enter the names, addresses and employer identification nu | | = | = | |
| | organization made payments. For each organization listed, | • | 5 5 | | |
| | the amount of political contributions received that were pro | • • | | - | |
| | as a separate segregated fund or a political action committ | | T | | (e) Amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | contributions received and |
| | • | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
| (1) | | | | | |
| (., | | | | | |
| (2) | *************************************** | | and the state of t | , | |
| ` ' | | | Andrew State of the State of th | | |
| (3) | | | | | |
| | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| | | | | | - |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2017

| | Schedule C (Form 990 or 990-EZ) 2017 EARTHR | IGHTS INTERNATIONAL, | INC. | 04-3265555 | Page 2 |
|---|---|--|-----------------|------------------------|--------------|
| A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). 3 Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (b) Affiliated group totals (c) Filing organization's totals (d) Filing organization's totals (d) Filing organization's totals (e) Filing organization's totals (f) Filing organization for totals (h) Affiliated group member's name, address, address apply. (a) Filing organization for the following apply. (b) Affiliated group totals (c) Filing organization for the following totals (b) Affiliated group totals (c) Filing organization for the following apply. (b) Affiliated group totals (c) Filing organization for the following apply. (b) Affiliated group totals (c) Filing organization for the following apply. (a) Filing organization for the following apply. (b) Affiliated group totals (c) Filing organization for the filing organization file Form 4720 (a) Filing organization file for for the following debt in following apply. (b) Affiliated group for filing organization file for for filing organization file for for filing fi | Part II-A Complete if the organiza | | | | tion under |
| address, EIN, expenses, and share of excess lobbying expenditures). Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 5 Total lobbying expenditures to influence a legislative body (direct lobbying) 6 Total lobbying expenditures (add lines 1a and 1b) 7 Total lobbying expenditures (add lines 1a and 1d) 8 Total exempt purpose expenditures 9 Total exempt purpose expenditures (add lines 1c and 1d) 1 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 1 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 1 Not over \$500,000 2 Over \$1,000,000 but not over \$1,000,000 2 Over \$1,000,000 but not over \$1,000,000 3 Septimal 100,000 plus 15% of the excess over \$1,000,000. 3 Over \$1,000,000 but not over \$1,000,000 3 For total expenditures (add lines 1c and 1d) 4 Total exempt purpose expenditures (add lines 1c and 1d) 5 Columns. 3 Colu | | | • | | |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 5,067 1b Total lobbying expenditures to influence a legislative body (direct lobbying) 5,067 1c Total lobbying expenditures (add lines 1a and 1b) 5,067 1d Other exempt purpose expenditures 1d Lobbying purpose expenditures (add lines 1c and 1d) 1f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 1f the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,000,000 9 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0- 1 Subtract line 1g from line 1a. If zero or less, enter -0- 1 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | - , - | | affiliated group membe | er's name, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 5 Total lobbying expenditures to influence a legislative body (direct lobbying) 5 Total lobbying expenditures (add lines 1a and 1b) 6 Total lobbying expenditures (add lines 1a and 1b) 7 Total exempt purpose expenditures 8 Total exempt purpose expenditures (add lines 1c and 1d) 9 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 10 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 11 Total exempt purpose expenditures 12 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 13 Lobbying nontaxable amount on line 1e, column (a) or (b) is: 14 Lobbying nontaxable amount in line 1e, column (a) or (b) is: 15 Lobbying nontaxable amount in line 1e, column (a) or (b) is: 16 Lobbying nontaxable amount in line 1e, column (a) or (b) is: 17 Loboyono ob the expension of t | | | • | | |
| (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 5 Total lobbying expenditures to influence a legislative body (direct lobbying) 5 Total lobbying expenditures (add lines 1a and 1b) 6 Other exempt purpose expenditures 7 Total lobbying nontaxable amount. Enter the amount from the following table in both columns. 1 If the amount on line 1e, column (a) or (b) is: 1 The lobbying nontaxable amount is: 1 Not over \$500,000 1 Over \$1,000,000 20% of the amount on line 1e. 20% of the excess over \$500,000. 20% of the excess over \$1,000,000. 20% of the excess over \$1,000,000. 20% of the excess over \$1,000,000. 3 Total lobbying expenditures (add lines 1a. If zero or less, enter -0- 1 Subtract line 1g from line 1a. If zero or eless, enter -0- 20 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720. | | | rol" provisions | apply. | |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures a Total exempt purpose expenditures Total exempt purpose expenditures a Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Expenditures (add lines 1c and 1d) The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Expenditures (add lines 1a, lif zero or less, enter -0- i Subtract line 1g from line 1a. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | | • • |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Second but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 Second but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 Second b | | <u> </u> | | | gloup totals |
| c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 Over \$17,000,000 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | - | |
| d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 | | d 1b) | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 | | | | | |
| Subtract line 1g from line 1a. If zero or less, enter -0- If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 | | | | 3,314,181 | |
| if the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 78,927 h Subtract line 1g from line 1a. If zero or less, enter -0- 0 i Subtract line 1f from line 1c. If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | unt from the following table in both | | | |
| Not over \$500,000 20% of the amount on line 1e. | f | <u> </u> | 3000 | 315,709 | |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 78,927 h Subtract line 1g from line 1a. If zero or less, enter -0- 0 i Subtract line 1f from line 1c. If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | |
| Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 78,927 h Subtract line 1g from line 1a. If zero or less, enter -0- 0 i Subtract line 1f from line 1c. If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | Not over \$500,000 | 20% of the amount on line 1e. | | | |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 78,927 h Subtract line 1g from line 1a. If zero or less, enter -0- 0 i Subtract line 1f from line 1c. If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | Over \$500,000 but not over \$1,000,000 | | | | |
| Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 78,927 h Subtract line 1g from line 1a. If zero or less, enter -0- 0 i Subtract line 1f from line 1c. If zero or less, enter -0- 0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | Over \$1,000,000 but not over \$1,500,000 | 00,000. | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500 | 0,000. | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | g Grassroots nontaxable amount (enter 25% of | f line 1f) | | 78,927 | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | h Subtract line 1g from line 1a. If zero or less, | enter -0- | | | |
| | i Subtract line 1f from line 1c. If zero or less, e | nter -0- | L | 0 | |
| reporting section 4911 tax for this year? | j If there is an amount other than zero on eithe | er line 1h or line 1i, did the organization file | e Form 4720 | | |
| | reporting section 4911 tax for this year? | <u></u> | | | Yes No |
| 4-Year Averaging Period Under section 501(h) | | 4-Year Averaging Period Under se | ection 501(h) | | |
| (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. | | | | all of the five column | ns below. |

See the separate instructions for lines 2a through 2f.)

| | | Lobbying Expenditu | ires During 4-Year | Averaging Period | | |
|----|--|--------------------|--------------------|------------------|----------|-----------|
| | Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a | Lobbying nontaxable amount | 273,088 | 283,394 | 301,477 | 315,709 | 1,173,668 |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,760,502 |
| c | Total lobbying expenditures | 18,462 | 16,176 | 4,719 | 5,067 | 44,424 |
| d | Grassroots nontaxable amount | 68,272 | 70,849 | 75,369 | 78,927 | 293,417 |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 440,126 |
| f | Grassroots lobbying expenditures | | | | 0 | |

Schedule C (Form 990 or 990-EZ) 2017

| Part II-Bs Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). For each "Ves," response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization eltempt to influence foreign, national, state or local legislation, including any eltempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 10? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? g Direct contact with legislators, for the public? e Publications, or published or broadcast statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raillies, demonstrations, seminars, conventions, speaches, lectures, or any similar means? J Total. Add lines 1c through 11 Coller activities in fine 1 cause the organization to be not described in section 501(c)(d)? b if Yes, "enter the amount of any tax hoursed under section 4912 d if the filing organization incurred as accion 4912 to 17 yes, enter the amount of any tax hoursed under section 4912 d if the sign organization incurred as accion 4912 to 18 yes, and the organization incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes," 1 Were substantially all (60% or more) dues received nondeductible by members? 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization space to carry over lobbying and political campaign activity expenditures from the prior year? 2 Did the organization space to carry over lobb | Schedule C (Form 990 or 990-EZ) 2017 EARTHRIGHTS INTERNATIONAL, INC. 04- | 326 | 555 | 5 | | 1 | Page 3 |
|--|---|-------|------|----------|---|--|-------------|
| Complete Forestiment For | Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT | filed | Forr | | | | |
| description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunticers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Modia advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j Total. Add lines to through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif Yes," enter the amount of any tax incurred under section 4912 c if Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did if the Form 4720 for this year? Part: III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Part: III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Bodie organization make only in-house lobbying and political campeign activity expenditures from the prior year? 2 Did the organization make only in-house lobbying and political campeign activity expenditures from the prior year? 3 Did the organization and if either (a) BDTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 2 Dues, assessments and similar amounts from members a Current year b Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 5 | For each "Yes." response on lines 1a through 1i below, provide in Part IV a detailed | (8 | a) | <u> </u> | (b) | | |
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| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) | 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information | 2 Did the organization make only in-house lobbying expenditures of \$2,000 or tess? | | | | 2 | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | | | | | 3 | | |
| 2 Section 162(e) nondeductible tobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." | | | | | , is | |
| 2 Section 162(e) nondeductible tobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | 1 Dues, assessments and similar amounts from members | | 1 | | | | |
| a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | | | | | | | |
| b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | political expenses for which the section 527(f) tax was paid). | l | | | | | |
| b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | a Current year | | 2a | | | | |
| c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). 5 Supplemental Information | b Carryover from last year | •••• | 2b | | | | |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information | a Total | ···· | 2c | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). 5 Part IV Supplemental Information | | | | | *************************************** | | |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). 5 Part IV Supplemental Information | | •••• | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information | • | | | | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information | | | 4 | | | | |
| Part IV Supplemental Information | | | | | *************************************** | | |
| | | | | | | | |
| | | Α ΙΖ | | | | ······································ | |
| | 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | |
| 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | | |
| 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | | |
| 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | | |
| 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | | |
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| Schedule C (Form | 990 or 990-EZ) 2017 | EARTHRIGHTS | INTERNATIONAL, | INC. | 04-3265555 | Page 4 |
|------------------|---------------------|---|----------------|---|---|--------|
| Part IV | Supplemental | Information (contin | ued) | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

| Name | of the organ | lization | | Employer identification number |
|------|--------------|---|---|---------------------------------|
| E | ARTHR: | IGHTS INTERNATIONAL, INC. | • | 04-3265555 |
| Pa | art I | Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F | nds or Other Similar Funds or Form 990, Part IV, line 6. | |
| | | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total nur | nber at end of year | | |
| 2 | | e value of contributions to (during year) | | |
| 3 | Aggregat | e value of grants from (during year) | | |
| 4 | | e value at end of year | | |
| 5 | Did the o | rganization inform all donors and donor advisors in writing that | | |
| | funds are | the organization's property, subject to the organization's excl | usive legal control? | Yes No |
| 6 | | organization inform all grantees, donors, and donor advisors in | | hand hand |
| | only for o | charitable purposes and not for the benefit of the donor or dono | or advisor, or for any other purpose | · |
| | conferring | g impermissible private benefit? | | Yes No |
| Pa | irt II | Conservation Easements. | | |
| | | Complete if the organization answered "Yes" on F | Form 990, Part IV, line 7. | |
| 1 | Purpose(| s) of conservation easements held by the organization (check | all that apply). | |
| | Prese | ervation of land for public use (e.g., recreation or education) | Preservation of a historically imp | portant land area |
| | _ | ction of natural habitat | Preservation of a certified histori | ic structure |
| | _ | ervation of open space | | |
| 2 | | lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a cons | ervation |
| | easemen | t on the last day of the tax year. | | Held at the End of the Tax Year |
| а | | | | |
| b | Total acre | eage restricted by conservation easements | *************************************** | 2b |
| С | | of conservation easements on a certified historic structure incli | | 2c |
| đ | | of conservation easements included in (c) acquired after 7/25/0 | 96, and not on a | , |
| | | | | 2d |
| 3 | | of conservation easements modified, transferred, released, ext | inguished, or terminated by the organiza | ition during the |
| | | · | | |
| 4 | | of states where property subject to conservation easement is I | ****** | |
| 5 | | organization have a written policy regarding the periodic mon | | |
| | | , and enforcement of the conservation easements it holds? \dots | | |
| 6 | Staff and | volunteer hours devoted to monitoring, inspecting, handling o | f violations, and enforcing conservation e | easements during the year |
| | • | | | |
| 7 | | of expenses incurred in monitoring, inspecting, handling of viol | ations, and enforcing conservation easer | ments during the year |
| | | | | • |
| 8 | | th conservation easement reported on line 2(d) above satisfy | the requirements of section 170(h)(4)(B)(| |
| | | on 170(h)(4)(B)(ii)? | | Yes No |
| 9 | | III, describe how the organization reports conservation easeme | | |
| | | theet, and include, if applicable, the text of the footnote to the | organization's financial statements that of | describes the |
| o Da | | on's accounting for conservation easements. | Historical Tuescours on Other | Cindley Assets |
| ra | rt III | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F | | Similar Assets. |
| 10 | If the eres | | | belongs about |
| ıa | _ | anization elected, as permitted under SFAS 116 (ASC 958), neart, historical treasures, or other similar assets hold for public | • | |
| | | art, historical treasures, or other similar assets held for public vice, provide, in Part XIII, the text of the footnote to its financi | | |
| h | | anization elected, as permitted under SFAS 116 (ASC 958), to | | |
| ., | | art, historical treasures, or other similar assets held for public | | |
| | | vice, provide the following amounts relating to these items: | | iorano o |
| | - | • | | ▶ ¢ |
| | (ii) Assot | nue included on Form 990, Part VIII, line 1 | ••••• | \$ |
| 2 | | s included in Form 990, Part X | | |
| 2 | | anization received or held works of art, historical treasures, or | | UVIUG TIIC |
| - | | amounts required to be reported under SFAS 116 (ASC 958) | | . • |
| | | included on Form 990, Part VIII, line 1 | | |

| Sche | edule D (Form 990) 2017 EARTHRIG | HTS INTERNA | TIONAL, IN | c. | 04 - 32 | 2655 | 55 | | Page 2 | |
|------------------------------------|--|---------------------------------|---------------------------|----------------|--------------|-------------------------|----------------|--|------------|--|
| 1000 1000 | art III Organizations Maintainir | | | | r Other | Simil | lar Assets | (continu | ued) | |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | _ | | | | | | | | |
| а | Public exhibition | d 🗍 I | Loan or exchange pro | orams | | | | | | |
| b | H | | Other | | | | | | | |
| c | Preservation for future generations | ° Ш | | | | · · · · · · · · · | | | | |
| 4 | Provide a description of the organization's | collections and explain | how they further the | organization's | exempt p | umose | in Part | | | |
| - | XIII. | collections and explain | now they include the | organizationro | cxcallbt b | arpooo | iii i cac | | | |
| 5 | During the year, did the organization solici | t or receive donations r | of art historical treasur | es or other s | similar | | | | | |
| J | assets to be sold to raise funds rather than | | | | | | | ☐ Ye | s No | |
| Pa | art IV Escrow and Custodial A | | dit of the organization | 0 0000000111 | | | | | <u> </u> | |
| | Complete if the organization | | on Form 990. Pa | rt IV. line 9 | or repo | orted a | an amount | on Form | 1 | |
| | 990, Part X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custo | | | | | | | П., | П. | |
| | included on Form 990, Part X? | | | , , | | | | . Ye | s No | |
| þ | If "Yes," explain the arrangement in Part X | III and complete the fol | lowing table: | | | 1 | | | | |
| | | | | | | | | Amount | | |
| C | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | ······································ | | |
| e Distributions during the year 1e | | | | | | | | | | |
| f | Ending balance | | , | | | i | 1f | | | |
| 2a | Did the organization include an amount on | Form 990, Part X, line | 21, for escrow or cus | todial accoun | t liability? | | | Ye | s No | |
| b | b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII | | | | | | | | | |
| Pa | Part V Endowment Funds. | | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | rs back | (d) Thi | ree years back | (e) Four | years back | |
| 1a | Beginning of year balance | 138,419 | 131,850 | 13 | 2,871 | | 128,520 |] 1 | 15,344 | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and | | | | | | | | | |
| | losses | 26,601 | 7,903 | | 315 | | 5,648 | | 14,072 | |
| d | Grants or scholarships | · | | | | | | | | |
| | Other expenditures for facilities and | | | | | | | | | |
| - | programs | | | | 1 | | | | | |
| f | Administrative expenses | 1,448 | 1,334 | | 1,336 | | 1,297 | | 896 | |
| | , , , , , , , , , , , , , , , , , , , | | 138,419 | | 1,850 | | 132,871 | | 28,520 | |
| 2 | Provide the estimated percentage of the co | | | | _, | | | | | |
| | Board designated or quasi-endowment ▶ | | (mio igi oodiini (d)) | riola ao. | | | | | | |
| | | ۰ <i>۰۰۰۰</i> ٬۰۰۰ (۵ | | | | | | | | |
| | Temporarily restricted endowment ▶ 1 | | | | | | | | | |
| Ç | The percentages on lines 2a, 2b, and 2c s | | | | | | | • | | |
| 22 | Are there endowment funds not in the pos | | tion that are hold and | administered | for the | | | | | |
| va | organization by: | acoston of the organiza | alon mar are nela ama | aummistereu | IOI BIG | | | Г | Yes No | |
| | | | | | | | | 3a(i) | X | |
| | 7811 A A A A A A A A A A A A A A A A A A | | | | | | | 0-45 | X | |
| | (ii) related organizations | destant that does not be set to | and an Cabadala DO | | | | | | | |
| | If "Yes" on line 3a(ii), are the related organ | | | | | | | _ [3b] | | |
| April 1995 | Describe in Part XIII the intended uses of | | wment tunas. | | | | | | | |
| - 12 | art VI Land, Buildings, and Eq | | an Earm 000 D- | # I\ / Iinn 4 | 10 800 | Earm | 000 De4 | V lina 1 | 0 | |
| | Complete if the organization | | | | | | | | | |
| | Description of property | (a) Cost or other b | 1 '' | i | | ccumulate preciation | KI K | (d) Book | value | |
| | | (investment) | (oth | | qet | veciator: | | | 010 | |
| 1a | Land | | | 50,018 | | | | | 50,018 | |
| b | Buildings | | 8 | 88,171 | | 3 | <u>,823 </u> | 88 | 34,348 | |
| | Leasehold improvements | I | | 20 624 | | | 000 | | 20 500 | |
| d | Equipment | | 1 | 00,601 | | 69 | ,808 | | 30,793 | |
| | Other | | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) mus | st equal Form 990, Part | X, column (B), line 10 | Oc.) | | . | ▶ | 1,16 | 55,159 | |

116,451

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

(8) (9)

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

| Sche | dule D (Form 990) 2017 EARTHRIGHTS INTERNATIONAL, I | | 04-326555 | | Page 4 |
|-----------------------------------|---|-------------------------------|---|-----------------|---------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | | | urn. | |
| | Complete if the organization answered "Yes" on Form 990, I | Part IV, line | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | , | 1 | 4,332,458 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | • |
| а | Net unrealized gains (losses) on investments | . 2a | 336,688 | | |
| b | Donated services and use of facilities | 2b | 8,952 | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 345,640 |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,986,818 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | 26,696 | | |
| b | Other (Describe in Part XIII.) | . 4b | | | |
| | Add lines 4a and 4b | | ., | 4c | 26,696 |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 4,013,514 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | ments With | n Expenses per F | Return | |
| | Complete if the organization answered "Yes" on Form 990, I | | | | |
| 1 | Total expenses and losses per audited financial statements | . , , | | 1 | 3,640,401 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,640,401 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 26,696 | | • |
| | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | | 26,696 | | |
| b | Other (Describe in Part XIII.) | 4b | | 4c | 26,696 |
| b c | Other (Describe in Part XIII.) | 4b | | 4c 5 | 26,696 3,667,097 |
| b c 5 | Other (Describe in Part XIII.) Add lines 4a and 4b | 4b | | | 26,696 3,667,097 |
| b c 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 4b | | 5 | 3,667,097 |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. | V, lines 1b ar | nd 2b; Part V, line 4; P | 5 | 3,667,097 |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) irt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) irt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) irt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) irt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
| b c 5 Pa Provi | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) irt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | V, lines 1b are any addition | nd 2b; Part V, line 4; Palal information. | 5 art X, lir | 3,667,097 e |
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| Schedule D (F | orm 990) 2017 🛚 I | EARTHRIGHTS | INTERNATIONAL, | INC. | 04-3265555 | Page 5 |
|---|---|---|---|---|------------|---|
| Part XIII | Supplemental | Information (cor | ntinued) | | | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

EARTHRIGHTS INTERNATIONAL, INC.

Employer identification number

04-3265555

| 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of orfices in the region (c) Number o | | eneral Information rm 990, Part IV, line | | itside the United States. Co | omplete if the organization answer | red "Yes" on |
|--|------------------|---|--|---|---|-------------------------------------|
| grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in the region (c) Program services, in the region (c) Program services (contractors in the region (c) Program services (c) in the region (c) In the region (c) Program services (c) | 1 For grantma | i kers. Does the organiz | zation maintain records | - | | |
| assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of emptyoyeas, and properties in contractors in the region of emptyoyeas, and properties in contractors in the region of emptyoyeas, and properties in contractors in the region of emptyoyeas, and properties in contractors in the region of emptyoyeas, and properties in the region of emptyoyeas, but as a properties expenditure for emptyoyeas, but as a properties of expenditure for emptyoyeas, but as a properties for emptyoyeas, but as a properties of expenditure for emptyoyeas, but as a properties of expenditure for emptyoyeas, but as a properties of expenditures for emptyoyeas, but as a properties in the region of expenditures for emptyoyeas, but as a properties for expenditure for englow (so the sections). EAST ASIA AND THE PACIFIC (a) PROGRAM SERVICES ILEGAL 288,622 EAST ASIA AND THE PACIFIC (b) PROGRAM SERVICES FINANCE/ADMIN 12,458 EAST ASIA AND THE PACIFIC (c) PROGRAM SERVICES CROSS CUTTING 40,40,460 | | | | | | X Yes No |
| (a) Region (b) Number of offices in the region (c) Number of offices in the region (b) type) (such experiments grants, and independent contractors in the region (b) type) (such experiments) (such experim | * | | - | ocedures for monitoring the use of | its grants and other | |
| confices in the region offices in the region agents, and agents, and already agents, and independent contractors in the region of the region o | 3 Activities per | Region. (The following | Part I, line 3 table can | be duplicated if additional space is | s needed.) | |
| (1) 2 37 PROGRAM SERVICES LEGAL 521,594 EAST ASIA AND THE PACIFIC (2) PROGRAM SERVICES ADVOCACY & CAMPAIGNS 367,298 EAST ASIA AND THE PACIFIC (3) PROGRAM SERVICES SCHOOLS & TRAINING 282,189 SOUTH AMERICA (4) 1 4 PROGRAM SERVICES LEGAL 288,622 EAST ASIA AND THE PACIFIC (5) PROGRAM SERVICES FINANCE/ADMIN 12,458 EAST ASIA AND THE PACIFIC (6) MITHARSU CTR-INVEST 449,315 EAST ASIA AND THE PACIFIC (7) PROGRAM SERVICES CROSS CUTTING 40,480 | _ | offices in the region | employees, agents, and independent contractors in the region | region (by type) (such as, fundraising, program services, investments, grants to recipients | a program service, describe specific type of | expenditures for and investments |
| PROGRAM SERVICES ADVOCACY & CAMPAIGNS 367,298 EAST ASIA AND THE PACIFIC (3) PROGRAM SERVICES SCHOOLS & TRAINING 282,189 SOUTH AMERICA (4) 1 4 PROGRAM SERVICES LEGAL 288,622 EAST ASIA AND THE PACIFIC (5) PROGRAM SERVICES FINANCE/ADMIN 12,458 EAST ASIA AND THE PACIFIC (6) MITHARSU CTR-INVEST 449,315 EAST ASIA AND THE PACIFIC (7) PROGRAM SERVICES CROSS CUTTING 40,480 | (1) . | 2 | 37 | PROGRAM SERVICES | LEGAL | 521,594 |
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| PROGRAM SERVICES FINANCE/ADMIN 12,458 EAST ASIA AND THE PACIFIC (6) MITHARSU CTR-INVEST 449,315 EAST ASIA AND THE PACIFIC (7) PROGRAM SERVICES CROSS CUTTING 40,480 (8) | (4) | 1 | 4 | PROGRAM SERVICES | LEGAL | 288,622 |
| (6) MITHARSU CTR-INVEST 449,315 EAST ASIA AND THE PACIFIC (7) PROGRAM SERVICES CROSS CUTTING 40,480 | (5) | | | PROGRAM SERVICES | FINANCE/ADMIN | 12,458 |
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| 3a Sub-total 3 41 1,961,956 b Total from continuation | | | 41 | | | 1,961,956 |

1,961,956

c Totals (add

Page 2 (f) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement 04-3265555 (e) Amount of cash grant Schedule F (Form 990) 2017 EARTHRIGHTS INTERNATIONAL, INC. (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (10) E (12) (13) (15) (16) (4) (5) (9) 8 6 <u>4</u> ල <u>@</u> Ξ (2)

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

Schedule F (Form 990) 2017

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| Schedule F (Form 980) 2017 EARTHRIGHTS INTERNATIONAL, INC. 04–3265555 Part III Grants and Other Assistance to Individuals Outside the United States: Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. | HTS INT | INTERNATIONAL, o Individuals Outside to onal space is needed. | INC. 04 | 04-3265555 s. Complete if the organi | zation answered " | res" on Form 990, Part | Page 3 IV, line 16. |
|---|--|---|--------------------------|---|--|---|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | - Contract C | | | THE | T T TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL | | |
| (2) | | | | | | *************************************** | |
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| S | chedule F (Form 990) 2017 | EARTHRIGHTS | INTERNATIONAL, | INC. | 04-3265555 | | Page 4 |
|---|---|---|--|-------------------------------|---------------------------------------|-----------------|-------------|
| | Part IV Foreign F | orms | *************************************** | | | | |
| | • | e required to file Form | erty to a foreign corporation of the section of the section by a U.S. Tra | nsferor of Pr | • | Yes | X No |
| | may be required to sep Trusts and Receipt of (| oarately file Form 3520, Certain Foreign Gifts, a | gn trust during the tax yea Annual Return To Report nd/or Form 3520-A, Annua Forms 3520 and 3520-A; | Transaction al Information | s With Foreign n Return of Foreign | Yes | X No |
| | the organization may b | | st in a foreign corporation 5471, Information Return of for Form 5471) | of U.S. Perso | | Yes | X No |
| | qualified electing fund of | during the tax year? <i>If "</i> a <i>Shareholder of a Pas</i> | holder of a passive foreig Yes," the organization may sive Foreign Investment C | / be required Company or (| to file Form 8621, | Yes | X No |
| | • | e required to file Form | st in a foreign partnership 8865, Return of U.S. Pers n 8865) | ons With Re | • | Yes | X No |
| | | may be required to sep | related to any boycotting parately file Form 5713, In n 990) | temational E | | Yes | X No |
| | | | | | | Schedule F (For | m 990) 2017 |

| Schedule F (Form 990) 2017 EARTHRIGHTS INTERNATIO | NAL, INC. | 04-3265555 | Page 5 |
|--|---|--|---------------------|
| Part V Supplemental Information Provide the information required by Part I, line 2 amounts of investments vs. expenditures per repart III, column (c) (estimated number of recipies information. See instructions. | gion); Part II, line 1 (a | o; Part I, line 3, column (faccounting method); Part | (accounting method; |
| PART I, LINE 2 - PROCEDURES FOR M | ONITORING TH | E USE OF GRAN | T FUNDS |
| ORGANIZATION REQUIRES WRITTEN GRA | NT PROPOSAL, | REVIEWS PROP | OSAL THEN |
| MONITORS VIA PERIODIC REPORTING T | HE USE OF TH | HE GRANT MONEY | TO ACCOMPLISH |
| THE PROPOSAL'S STATED PURPOSE(S). | | | |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ······ | |
| PART I, LINE 3 - ACTIVITIES PER R | EGION | | |
| REGION | EXE | ENDITURES IN | VESTMENTS |
| EAST ASIA AND THE PACIFIC | \$ | 521,594 \$ | 0 |
| EAST ASIA AND THE PACIFIC | \$ | 367,298 \$ | o |
| EAST ASIA AND THE PACIFIC | \$ | 282,189 \$ | 0 |
| SOUTH AMERICA | \$ | 288,622 \$ | 0 |
| EAST ASIA AND THE PACIFIC | \$ | 12,458 \$ | 0 |
| EAST ASIA AND THE PACIFIC | \$ | 176,615 \$ | 272,700 |
| EAST ASIA AND THE PACIFIC | \$ | 40,480 \$ | 0 |
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SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

Employer Identification number

Name of the organization 04-3265555 EARTHRIGHTS INTERNATIONAL, INC. Part I Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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04-3265555 EARTHRIGHTS INTERNATIONAL, INC. Schedule J (Form 990) 2017

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

Page 2

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

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

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| (A) Name and Title | (b) breakdown of (i) Base compensation | (i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation compensation compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) reported as deferred on prior |
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| Schedule J (Form 990) 2017 | Part III Supplemental Information Provide the information, explanation, or descriptions required for any additional information. | | | : | | | : | | • | | | | | | | | | | | |
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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.

OMB No. 1545-0047

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number **EARTHRIGHTS** INTERNATIONAL, INC 04-3265555 FORM 990, PART III - ADDITIONAL INFORMATION CASE SUMMARIES: ERI'S CASES SEEK TO PROMOTE SOCIAL WELFARE BY DEFENDING "HUMAN AND CIVIL RIGHTS SECURED BY LAW." THAT IS, OUR PURPOSE IS TO PROVIDE REPRESENTATION TO OTHERS IN CASES INVOLVING THE DEFENSE OF HUMAN AND CIVIL RIGHTS, INCLUDING CIVIL, POLITICAL AND ENVIRONMENTAL RIGHTS. DOE V. CHIQUITA (COUNSEL FOR COLOMBIAN PLAINTIFFS AND A PUTATIVE CLASS CHALLENGING BANANA COMPANY'S COMPLICITY IN PARAMILITARY KILLINGS OF PLAINTIFFS DECEDENTS) DOE V. HILLS (COUNSEL FOR COLOMBIAN PLAINTIFFS AND A PUTATIVE CLASS CHALLENGING BANANA COMPANY EXECUTIVE'S COMPLICITY IN PARAMILITARY KILLINGS OF PLAINTIFFS' DECEDENTS) MAXIMA ACUNA-ATALAYA V. NEWMONT MINING CORP. (COUNSEL FOR PERUVIAN FAMILY FACING CAMPAIGN OF INTIMIDATION AND HARASSMENT BY MINING COMPANY SEEKING TO BUILD GOLD MINE ON THEIR LAND) CAMPOS-ALVAREZ V. NEWMONT MINING CORP. (COUNSEL FOR PERUVIAN SHOT WHILE PROTESTING ENVIRONMENTALLY DESTRUCTIVE PROPOSED MINE SEEKING DOCUMENTS FROM NEWMONT UNDER 28 U.S.C. §1782 IN SUPPORT OF CRIMINAL AND CIVIL ACTIONS IN PERU AGAINST THOSE RESPONSIBLE FOR THE SHOOTING)

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| | PAGE 1 OF 3 |

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| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization | Page 2 Employer identification number |
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| EARTHRIGHTS INTERNATIONAL, INC. | 04-3265555 |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS D | ISCLOSURE EXPLANATION |
| THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT WWW.EARTHRIGHTS.ORG AS PART OF THE ANNUAL REPORT POSTING. GOVERNING | |
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| COPY OF THESE DOCUMENTS IS ALSO ON FILE WITH THE CO | OMMONWEALTH OF |
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