

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning , **2005**, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See specific instructions.
EARTH ISLAND INSTITUTE INC.
300 BROADWAY STREET #28
SAN FRANCISCO, CA 94133

D Employer Identification Number
94-2889684

E Telephone number
415 788 3666

F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site: ▶ WWW.EARTHISLAND.ORG

J Organization type (check only one) ▶ 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,056,304.

H and I are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? . . . Yes No
H (b) If 'Yes,' enter number of affiliates ▶
H (c) Are all affiliates included? Yes No
(If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number. . . ▶
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1 a	2,893,373.		
	b Indirect public support	1 b			
	c Government contributions (grants)	1 c	947,229.		
	d Total (add lines 1a through 1c) (cash \$ 3,497,555. noncash \$ 343,047.)	1 d			3,840,602.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			688,502.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			27,276.
	5 Dividends and interest from securities	5			
	6a Gross rents	6 a			
	b Less: rental expenses	6 b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c			
7 Other investment income (describe)	7			3,878.	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	236,412.	8 a	144,847.		
	b Less: cost or other basis and sales expenses	227,626.	8 b		
	c Gain or (loss) (attach schedule) STATEMENT 1	8,786.	8 c	144,847.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d			153,633.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a			
	b Less: direct expenses other than fundraising expenses	9 b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c			
10a Gross sales of inventory, less returns and allowances	10 a	3,810.			
	b Less: cost of goods sold	10 b	6,961.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STATEMENT 2	10 c			-3,151.
11 Other revenue (from Part VII, line 103)	11			110,977.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			4,821,717.	
EXPENSES	13 Program services (from line 44, column (B))	13			3,298,737.
	14 Management and general (from line 44, column (C))	14			460,456.
	15 Fundraising (from line 44, column (D))	15			363,133.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			4,122,326.
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			699,391.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			2,125,102.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			-141,129.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,683,364.

COPY

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 4 (cash \$ 88,752. non-cash \$)				
	If this amount includes foreign grants, check here... <input checked="" type="checkbox"/>	22 88,752.	88,752.		
23	Specific assistance to individuals (att sch).....	23			
24	Benefits paid to or for members (att sch).....	24			
25	Compensation of officers, directors, etc.	25 136,172.	83,462.	32,724.	19,986.
26	Other salaries and wages.....	26 1,625,687.	1,331,487.	176,585.	117,615.
27	Pension plan contributions.....	27			
28	Other employee benefits.....	28 177,192.	142,303.	21,050.	13,839.
29	Payroll taxes.....	29 128,519.	103,214.	15,268.	10,037.
30	Professional fundraising fees.....	30			
31	Accounting fees.....	31			
32	Legal fees.....	32			
33	Supplies.....	33 90,139.	72,390.	10,709.	7,040.
34	Telephone.....	34 62,574.	50,253.	7,434.	4,887.
35	Postage and shipping.....	35 55,672.	46,214.	5,706.	3,752.
36	Occupancy.....	36 230,564.	185,166.	27,391.	18,007.
37	Equipment rental and maintenance.....	37 31,606.	25,383.	3,755.	2,468.
38	Printing and publications.....	38 135,791.	114,506.	12,842.	8,443.
39	Travel.....	39 452,257.	434,528.	10,697.	7,032.
40	Conferences, conventions, and meetings.....	40 67,920.	65,792.	1,284.	844.
41	Interest.....	41			
42	Depreciation, depletion, etc (attach schedule).....	42 22,852.	18,352.	2,715.	1,785.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 5	43a 816,629.	536,935.	132,296.	147,398.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44 4,122,326.	3,298,737.	460,456.	363,133.

Joint Costs. Check if you are following SOP 98-2.

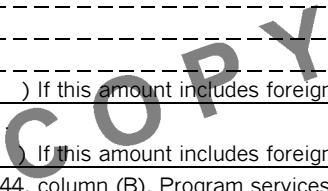
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? GLOBAL ENVIRONMENTAL ORG. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a EARTH ISLAND PROMOTES THE CONSERVATION, PRESERVATION, AND RESTORATION OF THE EARTH THROUGH A NUMBER OF PROJECTS THAT PROVIDE VARIOUS PROGRAM SERVICES WORLDWIDE. ----- ----- (Grants and allocations \$ 88,752.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	3,298,737.
b ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,298,737.



Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	900,918.	46	834,968.
	47a Accounts receivable	243,253.		
	b Less: allowance for doubtful accounts		47c	243,253.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	203,466.	49	314,391.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	2,782.	52	2,244.
	53 Prepaid expenses and deferred charges	74,200.	53	76,106.
	54 Investments — securities (attach schedule)	669,052.	54	644,006.
	55a Investments — land, buildings, & equipment: basis. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	77,500.		
	b Less: accumulated depreciation (attach schedule)	77,500.	55c	77,500.
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	1,013,327.			
b Less: accumulated depreciation (attach schedule)	300,738.	57c	712,589.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)	3,686,682.	58	2,884,625.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,993,477.	59	5,789,682.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	157,514.	60	127,714.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)	3,710,861.	65	2,978,604.
66 Total liabilities. Add lines 60 through 65	3,868,375.	66	3,106,318.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,769,723.	67	2,385,409.
	68 Temporarily restricted	355,379.	68	297,955.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,125,102.	73	2,683,364.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,993,477.	74	5,789,682.

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	4,680,588.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	7,596.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	7,596.
c	Subtract line b from line a	c	4,672,992.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>SEE STM 10</u>	d2	148,725.
	Add lines d1 and d2	d	148,725.
e	Total revenue (Part I, line 12). Add lines c and d	e	4,821,717.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,122,326.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	4,122,326.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	4,122,326.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		136,171.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. <u>14</u>	[]	[]
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).....	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. SEE STATEMENT 12		
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d Does the organization have a written conflict of interest policy?.....	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

COPY

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.....	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ▶ <u>DAVID BROWER CENTER</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)..... 81a <u>0.</u>		
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	<input type="checkbox"/>	<input type="checkbox"/>
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>	<input type="checkbox"/>
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members.	85c	<input type="checkbox"/>	<input type="checkbox"/>
d Section 162(e) lobbying and political expenditures.	85d	<input type="checkbox"/>	<input type="checkbox"/>
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	<input type="checkbox"/>	<input type="checkbox"/>
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	<input type="checkbox"/>	<input type="checkbox"/>
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<input type="checkbox"/>	<input type="checkbox"/>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<input type="checkbox"/>	<input type="checkbox"/>
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 12, for public use of club facilities	86b	<input type="checkbox"/>	<input type="checkbox"/>
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	<input type="checkbox"/>	<input type="checkbox"/>
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.	89a	<input type="checkbox"/>	<input type="checkbox"/>
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		<input type="checkbox"/>	<input type="checkbox"/>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		<input type="checkbox"/>	<input type="checkbox"/>
90a List the states with which a copy of this return is filed ▶ <u>CA</u>		<input type="checkbox"/>	<input type="checkbox"/>
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	<input type="checkbox"/>	<input type="checkbox"/>
91a The books are in care of ▶ <u>EARTH ISLAND INSTITUTE INC.</u> Telephone number ▶ <u>415 788 3666</u> Located at ▶ <u>300 BROADWAY ST., STE 28, S.F., CA,</u> ZIP + 4 ▶ <u>94133</u>		<input type="checkbox"/>	<input type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes,' enter the name of the foreign country ▶		<input type="checkbox"/>	<input type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes,' enter the name of the foreign country ▶		<input type="checkbox"/>	<input type="checkbox"/>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A		<input type="checkbox"/>	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a GLOBAL SERVICE CORP.					346,793.
b INT'L MARINE MAMMAL P					201,962.
c OTHERS					100,838.
d WETLAND RESTORATION F					38,909.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	27,276.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income	531110	3,878.			
100 Gain or (loss) from sales of assets other than inventory	531110	144,847.	18	8,786.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-3,151.
103 Other revenue: a					
b ADVERTISING INCOME	511120	16,474.			
c OTHER INCOME					71,370.
d ROYALTY INCOME			15	23,133.	
e					
104 Subtotal (add columns (B), (D), and (E))		165,199.		59,195.	756,721.
105 Total (add line 104, columns (B), (D), and (E))					981,115.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: **CARL T. HO** Date _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **LE, HO & COMPANY, LLP**
1608 NORIEGA STREET
SAN FRANCISCO, CA 94122

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): **N/A**

EIN: **N/A** Phone no.: **(415) 665-1222**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization

EARTH ISLAND INSTITUTE INC.

Employer identification number

94-2889684

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		232,292.	0.	0.
Total number of other employees paid over \$50,000	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JONATHAN ROWE	RESEARCH & WRITING	66,000.
Total number of others receiving over \$50,000 for professional services	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>30,651.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
SEE STATEMENT 15		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,925,090.	2,671,771.	3,639,201.	3,688,691.	12,924,753.
16 Membership fees received	185,412.	211,182.	215,589.	235,252.	847,435.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	746,047.	690,000.	636,271.	545,037.	2,617,355.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	51,569.	83,823.	187,248.	231,857.	554,497.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	3,908,118.	3,656,776.	4,678,309.	4,700,837.	16,944,040.
24 Line 23 minus line 17	3,162,071.	2,966,776.	4,042,038.	4,155,800.	14,326,685.
25 Enter 1% of line 23	39,081.	36,568.	46,783.	47,008.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 286,534.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 276,587.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,326,685.
d Add: Amounts from column (e) for lines: 18 554,497. 19 _____ 22 _____ 26b 276,587.					26d 831,084.
e Public support (line 26c minus line 26d total)					26e 13,495,601.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.20 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	29,012.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	30,651.
38	Total lobbying expenditures (add lines 36 and 37)	38 0.	59,663.
39	Other exempt purpose expenditures	39	4,065,526.
40	Total exempt purpose expenditures (add lines 38 and 39)	40 0.	4,125,189.
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	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	
41			356,259.
42	Grassroots nontaxable amount (enter 25% of line 41)	42 0.	89,065.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43 0.	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44 0.	0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	356,259.	340,059.	352,520.	413,552.	1,462,390.
46 Lobbying ceiling amount (150% of line 45(e))					2,193,585.
47 Total lobbying expenditures	59,663.	9,347.	24,389.	39,027.	132,426.
48 Grassroots non-taxable amount	89,065.	85,015.	88,130.	103,388.	365,598.
49 Grassroots ceiling amount (150% of line 48(e))					548,397.
50 Grassroots lobbying expenditures	29,012.	9,016.	18,756.	25,658.	82,442.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

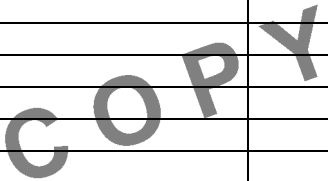
Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			



52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 236,412.
 COST OR OTHER BASIS: 227,626.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 8,786.

OTHER ASSETS

DESCRIPTION: FROM K-1 OF THIRTY ELM STREET CORP.
 DATE ACQUIRED: 10/18/2005
 HOW ACQUIRED: DONATED
 DATE SOLD:
 TO WHOM SOLD:
 GROSS SALES PRICE: 144,847.
 COST OR OTHER BASIS: 0.

GAIN (LOSS) 144,847.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 144,847.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 153,633.

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

MERCHANDISE SALES..... \$ 3,810.
 GROSS SALES..... \$ 3,810.
 LESS RETURNS & ALLOWANCES..... 0.
 NET SALES..... \$ 3,810.
 LESS COST OF GOODS SOLD..... 6,961.
 GROSS PROFIT FROM SALES OF INVENTORY..... \$ -3,151.

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

BOOK VS. TAX DIFFERENCE IN THIRTY ELM STREET INCOME..... \$ -148,725.
 UNREALIZED GAIN ON INVESTMENTS..... 7,596.
 TOTAL \$ -141,129.

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**STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	BROWER FUND	
DONEE'S NAME:	GREEN CORPS	
AMOUNT GIVEN:		\$ 250.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	TECHNICAL CENTER/ALTAI	
AMOUNT GIVEN:		5,050.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	ZASHITA TENGRI	
AMOUNT GIVEN:		540.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	GREENPEACE MOSCOW	
AMOUNT GIVEN:		541.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	SUBSTAINABLE DEVELOPMENT OF TH	
AMOUNT GIVEN:		1,500.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	ZASCHITA TENARI	
AMOUNT GIVEN:		4,107.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	YAYASAN DIAN TAMA FDN	
AMOUNT GIVEN:		700.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	SAGING ANYI MEMORIAL FUND	
AMOUNT GIVEN:		1,300.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	WOMEN'S ASSOCIATION OF LONG LU	
AMOUNT GIVEN:		1,837.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	SAHABAT ALAM, MALAYSIA	
AMOUNT GIVEN:		3,114.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	UMA BAWANG WOMEN'S SOCIETY	
AMOUNT GIVEN:		1,300.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	LONG SAYAN	
AMOUNT GIVEN:		114.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	PENAN RADIO INITIATIVE	
AMOUNT GIVEN:		2,482.
CLASS OF ACTIVITY:	BORNEO PROJECT	
DONEE'S NAME:	ORGANIC PAPER PROJECT	

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	34.
CLASS OF ACTIVITY:	BORNEO PROJECT		
DONEE'S NAME:	INDIGENOUS FORESTS		
AMOUNT GIVEN:			175.
CLASS OF ACTIVITY:	BORNEO PROJECT		
DONEE'S NAME:	BORNEO RESOURCES INSTITUTE		
AMOUNT GIVEN:			3,000.
CLASS OF ACTIVITY:	JAMES BAY		
DONEE'S NAME:	CTR FOR HEALTH & ENVIRONMENT		
AMOUNT GIVEN:			300.
CLASS OF ACTIVITY:	JAMES BAY		
DONEE'S NAME:	RESTORE THE NORTHWOOD		
AMOUNT GIVEN:			250.
CLASS OF ACTIVITY:	BROWER FUND		
DONEE'S NAME:	ORGANIC VOLUNTEERS		
AMOUNT GIVEN:			1,000.
CLASS OF ACTIVITY:	MANGROVE ACTION PROJECT		
DONEE'S NAME:	MAP-THAILAND		
AMOUNT GIVEN:			1,342.
CLASS OF ACTIVITY:	MANGROVE ACTION PROJECT		
DONEE'S NAME:	SAVE FOUNDATION, AKUMAIL		
AMOUNT GIVEN:			910.
CLASS OF ACTIVITY:	MANGROVE ACTION PROJECT		
DONEE'S NAME:	YAYASAN AKAR RUMPUT		
AMOUNT GIVEN:			13,585.
CLASS OF ACTIVITY:	MANGROVE ACTION PROJECT		
DONEE'S NAME:	IHOF		
AMOUNT GIVEN:			7,222.
CLASS OF ACTIVITY:	MANGROVE ACTION PROJECT		
DONEE'S NAME:	PMCR		
AMOUNT GIVEN:			4,500.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY		
DONEE'S NAME:	TENGRI SCHOOL OF ECOLOGY		
AMOUNT GIVEN:			1,233.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY		
DONEE'S NAME:	FUND FOR 21ST CENTURY ALTAI		
AMOUNT GIVEN:			2,550.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY		
DONEE'S NAME:	CHUI-OOZY PARK		
AMOUNT GIVEN:			500.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	UCH ENMEK PARK	
AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	KATUN NATURE PARK	
AMOUNT GIVEN:		600.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	ISTOK REGIONAL NGO	
AMOUNT GIVEN:		2,331.
CLASS OF ACTIVITY:	UNIVERSITAREA PROTEGIDA	
DONEE'S NAME:	CLUB DE JOVENES AMBIENTALISTAS	
AMOUNT GIVEN:		3,000.
CLASS OF ACTIVITY:	WILDFUTURES	
DONEE'S NAME:	THE WILDLIFE SOCIETY	
AMOUNT GIVEN:		300.
CLASS OF ACTIVITY:	ENERY ACTION	
DONEE'S NAME:	CENTER FOR FOOD SAFETY	
AMOUNT GIVEN:		389.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	GORNO ALTAISK GARDENS	
AMOUNT GIVEN:		400.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	LYUDMILA SOLOVYEVA	
AMOUNT GIVEN:		646.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	CHAGAT ALMASHEV	
AMOUNT GIVEN:		1,000.
CLASS OF ACTIVITY:	CENTER FOR SAFE ENERGY	
DONEE'S NAME:	SVETLANA	
AMOUNT GIVEN:		600.
CLASS OF ACTIVITY:	WARN	
DONEE'S NAME:	IROKO FOUNDATION	
AMOUNT GIVEN:		15,000.
CLASS OF ACTIVITY:	IMMP	
DONEE'S NAME:	PACIFIC ORCA SOCIETY	
AMOUNT GIVEN:		4,550.

TOTAL GRANTS AND ALLOCATIONS \$ 88,752.

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**STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DIRECT MAIL COSTS	56,010.	4,632.		51,378.
INDEPENDENT CONTRACTORS	391,917.	314,748.	46,560.	30,609.
INSURANCE	29,084.	23,358.	3,455.	2,271.
MISCELLANEOUS	81,566.	56,420.	5,111.	20,035.
PROFESSIONAL FEES	53,184.	8,487.	43,872.	825.
PROMOTION & PUBLIC EDUCATION	151,117.	119,064.		32,053.
SPECIAL APPEALS	20,453.	10,226.		10,227.
UNRELATED BUSINESS INCOME TAX	33,298.		33,298.	
TOTAL	<u>\$ 816,629.</u>	<u>\$ 536,935.</u>	<u>\$ 132,296.</u>	<u>\$ 147,398.</u>

**STATEMENT 6
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
LAND	\$ 77,500.		\$ 77,500.
TOTAL	<u>\$ 77,500.</u>	<u>\$ 0.</u>	<u>\$ 77,500.</u>

**STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 23,645.	\$ 7,988.	\$ 15,657.
FURNITURE AND FIXTURES	309,103.	292,534.	16,569.
BUILDINGS	51,951.	216.	51,735.
LAND	628,628.		628,628.
TOTAL	<u>\$ 1,013,327.</u>	<u>\$ 300,738.</u>	<u>\$ 712,589.</u>

**STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS**

DEPOSITS	\$ 14,914.
WETLAND RESTORATION TRUST FUND	2,869,711.
TOTAL	<u>\$ 2,884,625.</u>

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**STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

AGENCY OBLIGATION.....	\$	2,869,711.
DEPOSITS.....		108,893.
	TOTAL	<u>\$ 2,978,604.</u>

**STATEMENT 10
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS**

K-1 NET INCOME FROM THIRTY ELM ST. CORP.....	\$	148,725.
	TOTAL	<u>\$ 148,725.</u>

**STATEMENT 11
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL HATHAWAY 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	VICE PRESIDENT 1	\$ 0.	\$ 0.	0.
JOHN GOGGIN 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	SECRETARY 1	0.	0.	0.
ROBERT WILKINSON 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
MARIA MOYER-ANGUS 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
ALEX GIEDT 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	TREASURER 0	0.	0.	0.
KENNETH BROWER 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
SUSAN MARIE REID 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	PRESIDENT 1	0.	0.	0.

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STATEMENT 11 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PETER WINKLER 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	COUNSEL 1	\$ 0.	\$ 0.	0.
LISA WALLACE 300 BROADWAY ST., SUITE# 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
VERONICA EADY 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
LISA FAITHORN 300 BROADWAY ST., SUITE #28 SAN FRANCISCO, CA 94133	VICE PRESIDENT 1	0.	0.	0.
CAROLE COMBS 300 BROADWAY ST., SUITE #28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
DAVID PHILLIPS 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	EXECUTIVE DIREC 40	72,482.	0.	0.
JENNIFER SYNDER 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
MARTHA DAVIS 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	DIRECTOR 1	0.	0.	0.
JOHN KNOX 300 BROADWAY ST., SUITE 28 SAN FRANCISCO, CA 94133	EXECUTIVE DIREC 40	63,689.	0.	0.
	TOTAL	\$ 136,171.	\$ 0.	\$ 0.

STATEMENT 12
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

RELATED ORGANIZATION:
 FEIN:
 RELATIONSHIP EXPLANATION:

DAVID BROWER CENTER
 94-3385643
 DAVID BROWER CENTER IS A SECTION 509(A) (3)
 SUPPORTING ORGANIZATION. EARTH ISLAND INSTITUTE IS
 ONE OF THE TWO DESIGNATED SUPPORTED ORGANIZATION OF
 DAVID BROWER CENTER.
 \$ 10,000.

COMPENSATION PAID:

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STATEMENT 12 (CONTINUED)
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

BENEFIT PLAN CONTRIBUTIONS: \$ 0.
 EXPENSE ACCOUNT: \$ 0.
 COMPENSATION ARRANGEMENT: MR. JOHN GOGGIN, A MEMBER OF THE BOARD OF DIRECTORS OF EARTH ISLAND INSTITUTE, IS A PRINCIPAL OF SGS/FAULTZONE, INC. SGS/FAULTZONE, INC. HAS A \$15,000 CONTRACT WITH DAVID BROWER CENTER RELATED TO WEB SITE DEVELOPMENT FOR DAVID BROWER CENTER. \$10,000 WAS PAID IN 2005 TO SGS/FAULTZONE, INC.

STATEMENT 13
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
102	PROMOTIONAL ITEMS SOLD AND GIFTED TO GAIN SUPPORT FOR PROJECTS
103	INCOME FROM VARIOUS SOURCES TO FUND OPERATIONS AND PROJECTS, ALL DEVOTED TO THE PROMOTION OF SOCIAL WELFARE OF THE GENERAL PUBLIC IN GLOBAL CONSERVATION, ENVIRONMENTAL, AND ECOLOGICAL PRINCIPLES
93	REVENUE FROM SERVICES PROVIDED IN ACTIVITIES THAT PROMOTE THE EXEMPT FUNCTIONS OF THE ORGANIZATION.

STATEMENT 14
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN-SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
MANDI BILLINGE 300 BROADWAY, 328 SAN FRANCISCO, CA 94133	PRGM. DIRECTOR 40	56,292.	0.	0.
YVETTE HASH 300 BROADWAY, #28, SAN FRANCISCO, CA 94133	DIRECTOR OF ADM 40	60,000.	0.	0.
RICHARD LATHROP 300 BROADWAY, #28 SAN FRANCISCO, CA 94133	PRGM. DIRECTOR 40	60,000.	0.	0.
MARK BERMAN 300 BROADWAY, #28 SAN FRANCISCO, CA 94133	ASSOCIATE DIR. 40	56,000.	0.	0.
TOTAL		\$ 232,292.	\$ 0.	\$ 0.

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**STATEMENT 15
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

EARTH ISLAND INSTITUTE HAS A TECHNICAL SUPPORT SERVICE AGREEMENT WITH SGS/FAULTZONE, INC. (CONTRACTOR). A BOARD MEMBER OF EARTH ISLAND INSTITUTE IS A PRINCIPAL WITH THE CONTRACTOR. ON THE OTHER HAND, THE CONTRACTOR HAS A SUBLEASE AGREEMENT WITH EARTH ISLAND INSTITUTE TO SUBLEASE CERTAIN OFFICE SPACE FROM EARTH ISLAND INSTITUTE WITH MONTHLY RENTAL PAYMENTS OF SAME AMOUNT AS THE TECHNICAL SUPPORT SERVICE AGREEMENT. THIS SUBLEASE AGREEMENT WILL AUTOMATICALLY TERMINATE IF THE TECHNICAL SUPPORT SERVICE AGREEMENT IS TERMINATED. THE TOTAL VALUE OF THE ABOVE EXCHANGED TRANSACTION WAS \$14,609 FOR 2005. THESE TRANSACTIONS WERE APPROVED BY EARTH ISLAND'S BOARD OF DIRECTORS.

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