** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A	For the	2017 calendar year, or tax year beginning OCT 1, 2017 and ending	SEP 30	, 2018								
_	Check if	C Name of organization	D F	nployer identific	cation number							
	applicable:	Than to the state of the state	-	inployer recirent								
	Address change	RARE										
	Name change	Doing business as		23-73	380563							
	Initial return	ial No. 1 (1900) (1911) (1911) (1911) (1911) (1911)										
	Final	1310 NORTH COURTHOUSE RD	uite L Te	(703) 522-5070								
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gr	oss receipts \$	22,761,461.							
	Amende			Is this a group re								
	return Applica	F Name and address of principal officer: BRETT JENKS		for subordinates								
	tion pending	SAME AS C ABOVE		Are all subordinates in								
_	Tay-eyer	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			list. (see instructions)							
		: WWW.RARE.ORG	2000	Group exemptio								
					A State of legal domicile: VA							
		Summary	i cai oi foi iii	audii.	A State of legal domicile, ***							
_	-	riefly describe the organization's mission or most significant activities: RARE INSPIRE	S CHANGE	SO PEOPLE								
ģ		ND NATURE THRIVE.										
Ē	2	heck this box if the organization discontinued its operations or disposed of n	ore than 2	50% of its not see	note.							
Governance	3 1			1 1	19							
Ó	4	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)			17							
		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			104							
ties	6 T	otal number of individuals employed in caleridar year 2017 (Fart v, line 2a)			2444							
Activities &	7.7	otal unrelated business revenue from Part VIII, column (C), line 12			277,954.							
A	/ a	et unrelated business taxable income from Form 990-T, line 34			-331,004.							
_	1 01	et differated business taxable income nom Form 950-1, line 54		ior Year								
	8 0	entributions and grants (Part VIII line 1b)	PI	32,748,015.	Current Year 21,394,396.							
ē	9 F	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		0.	0.							
Revenue	40	rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		176,832.	233,881.							
Re	10 li	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	319,230.							
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,924,847.	21,947,507.								
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,152,245.	1,419,471.							
	1			0.	0.							
	45 0	enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,645,129.	13,846,617.								
Expenses	160 5	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ë	h T	otal fundraising expenses (Part IX, column (D), line 25) 2,161,120.		LEVELE HIGH LAND								
X	17	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,309,061.	9,250,640.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,106,435.	24,516,728.							
	1	evenue less expenses. Subtract line 18 from line 12		7,818,412.	-2,569,221.							
5		Overlade load experiences, outstract lines to montaine 12	Reginning	of Current Year	End of Year							
Assets or	20 T	otal assets (Part X, line 16)	Dogmining	28,404,430.	36,181,516.							
ASS	21 T	otal liabilities (Part X, line 16)		7,913,886,	18,440,811.							
Net	22	et assets or fund balances. Subtract line 21 from line 20		20,490,544.	17,740,705.							
	art II	Signature Block										
Unc	ler penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, an	d to the best of my	knowledge and belief, it is							
		and complete. Designation of preparer (other than officer) is based on all information of which preparer		•	······································							
-		Was long		UM	3. 2019							
Sic	ın I	Signature of officer		Date	1							
Sign Here		NIELS CRONE, COO										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature Friend Bannett	Date	Check	PTIN							
Pai		RISTEN BARNETT, CPA	05/31/201	g if self-employe	ed P01234578							
	-	Firm's name RSM US LLP	-1	Firm's EIN 42-0714325								
		Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400										
	-	MCLEAN, VA 22102		Phone no. 703	-336-6400							
Ma	y the IR	6 discuss this return with the preparer shown above? (see instructions)			X Yes No							

RABE INSPIRES CHANGE SO PEOPLE AND NATURE THRIVE. WE BELIEVE THAT FOR EVERY ENVIRONMENTAL CHALLENGE ON THE PLANET TODAY, PEOPLE ARE BOTH THE PROBLEM AND THE SOLUTION. TO SOLVE THESE CHALLENDES, WE MUST START BEHAVING DIFFERENTLY, THE LIVES AND LIVELIHOODS OF THE WORLD'S MOST 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization canconducting, or make significant changes in how it conducts, any program services? Yes INO If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(S) and 501(6)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(6)(S) and 501(6)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. 40 (Code:) (Expenses I) (Expenses I				
Check it Schedule O contains a response or note to any line in this Part III Selfy describe the organization 'mission' RARE SERVILES CHANGE SO PROPER AND INVOIRS THEIRE WAS RELIEVE THAT FOR EVENY ENVIRONMENTAL CHALLENGE ON THE PLANET TORNY, ESCHLESS THAT FOR EVENY ENVIRONMENTAL CHALLENGE ON THE PLANET TORNY, ESCHLESSEES, WE MOST START BENUTIVE AND THE SOLUTION. TO SOLVE THESE CHALLENGES, WE MOST START BENUTIVE DIFFERENTLY. THE LIVES AND LIVELISCODE OF THE WORLD'S MOST Did the organization underside and significant foreign sovices during the year which were not listed on the prior form 580 or 990-527 If Yea, 'describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	orm	330 (2017)	23-7380563	Page 2
1 Sinishy describe the organization's mission' RART INSTITUTE CHANGE TO SECRILE AND NATURE THRIVE, WE BELIEVE THAT FOR PARE INSTITUTE CHANGE TO SECRILE AND THE SECRILE THRIVE, WE BELIEVE THAT FOR PROBLEM AND THE SCULTION, TO SOLVE THESE CHALLENGERS, WE MUST START REMAYIND DIFFERENCIAL, THE LIVES AND LIVELIBOODS OF THE WORLD'S MOST 2 Did the organization undertake any significant program services during the year which were not fetted on the prior form 900 or 900-E27 If "Yes,' describe these new services on Schedule O. 3 Did the organization operation should be significant changes in how it conducts, any program services? Yes S No If "Yes,' describe these new services on Schedule O. 4 Describe the organization of program services complishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and inventue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and inventue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. FIGH POREYER: F	Par			[]
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PROBLEM AND THE SOLUTION. TO SOLVE THESE CHALLENGES, WE NUTS START BEBAYING DIFFERENTIA, THE LIVES AND LIVELIADOUS OF THE WORLD'S MOST 2 Did the organization undertake any significant program services during the year which were not fisted on the prior form 980 or 930 CE? 1 (*Yes, 'Georgie these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services;				
DESIGNATION DIFFERENTIALY. THE LIVES AND LIVELIHOODS OF THE WORLD'S MOST Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 950-EZ? If Yes,' describe these new services on Schedule O.				
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40 (Code:				
PISH FOREVER: FISH FOREVER IS RARE'S COMPREHENSIVE AND COMMUNITY-LED SOLUTION FOR REVITALIZING COASTAL MARINE HABITATS, SUCH AS CORAL REFFS, MANGROVES AND SEAGRASSES, PROTECTING BIODIVERSITY, AND SECURING THE LIVELIHOODS OF FISHER HOUSEHOLDS AND THEIR COMMUNITIES. IT USES AN INMOVATIVE APPROACH TO ADDRESS COASTAL OVERTHSHING- BY PEROWERING COMMUNITIES THROUGH CLEAR RIGHTS, STRONG GOVERNANCE, LOCAL LEADERSHIP, AND PARTICIPATORY MARAGEMENT-THAT PROTECTS ESSENTIAL FISH HABITAT AND REGULATE FISHING ACTIVITIES. RARE'S VISION IS TO TRANSFORM THE MANAGEMENT OF COASTAL PISHERISE BY 40 (Code) (Copenses 4 4,425,515. including guints of 8 759,857.) (Research S C.) CENTER FOR BEHAVIOR AND THE ENVIRONMENT: THE CENTER FOR BEHAVIOR AND THE ENVIRONMENT: THE CENTER FOR BEHAVIOR AND THE ENVIRONMENT IS TRANSLATING SCIENCE INTO PRACTICE AND LEVERAGING THE BEST BEHAVIORAL SCIENCE INSIGHTS AND DESIGN ENVIRONMENTAL ISSUES. GLOBAL UNDERSTANDING OF HUMAN BEHAVIOR IS EVOLVING QUICKLY. NEW INSIGHTS ACROSS ECONOMICS, PSYCHOLOGY, VOLUTIORARY BIOLOGY, NEUROSCIENCE, AND MORE HAVE TRANSPORMED OUR UNDERSTANDING OF HOW PEOPLE MAKE DECISIONS. THROUGH PARTNERSHIPS WITH LEADING ACADEMIC AND RESEARCH INSTITUTIONS, WE ARE BRINGING THE RESEARCH INTO THE FIELD TO COMMENT THE NEXT GENERATION OF BEHAVIORAL SCIENTISTS WITH PRACTITIONERS ON THE FRONT LINES OF OUR GREATEST 40 (Code:) (Expresses S _ 2,001,451. including gents of S _) (Revenue S _). INNOVATIVE FINANCE: RARE'S, SUSTAINABLE BUSINESS MODELS, AND HOMEN STAREDLICERS WILLING TO PARTICIPATE IN RELEVANT VALUE CHAINS, WE ARE BRINGING THE PRACTICATION OF THE RESEARCH INSTITUTIONS, WE ARE BRINGING THE OF INVESTMENT VEHICLES THAT DEPLOY PRIVATE CAPITAL AND PUBLIC FINANCE OF INVESTMENT VEHICLES THAT DEPLOY PRIVATE CAPITAL AND PUBLIC FINANCE OF INVESTMENT VEHICLES THAT DEPLOY PRIVATE CAPITAL AND PUBLIC FINANCE FOR COMMUNITIES HITCHES MODELS, AND FINANCING STAREBOLDERS WILLING TO PARTICIPATE IN RELEVANT VALUE CHAINS, THESE INVESTMENTS CREATE VALUE FOR COMMUNITIES BY OUR PROACHS AND FI		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	and
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FISH FOREVER IS RARE'S COMPREHENSIVE AND COMMUNITY-LED SOLUTION FOR REVITALIZING COASTAL MARINE HABITATS, SUCH AS CORAL REFS, MANGROVES AND SEAGRASSES, PROTECTING BIODIVERSITY, AND SECURING THE LUVELIHOODS OF FISHER HOUSEHOLDS AND THEIR COMMUNITIES. IT USES AN INNOVATIVE APPROACH TO ADDRESS COASTAL OVERFISHING- BY EMPOWERING COMMUNITIES THROUGH CLEAR RIGHTS, STRONG GOVERNANCE, LOCAL LEADERSHIP, AND PARTICIPATORY MANAGEMENT- THAT PROTECTS ESSENTIAL FISH HABITAT AND REGULATES FISHING ACTIVITIES. RARE'S VISION IS TO TRANSFORM THE MANAGEMENT OF COASTAL FISHERIES BY 40 (Code) (Expenses \$ 4,426,516. including grants of \$ 759,857.) (Revenue \$ 0.) CENTER FOR BEHAVIOR AND THE ENVIRONMENT: THE CENTER FOR BEHAVIOR & THE ENVIRONMENT: THE CENTER FOR BEHAVIOR & THE ENVIRONMENT: THINKING APPROACHES TO TACKLE SOME OF THE MOST CHALLENGING ENVIRONMENTAL ISSUES, GLORAL UNDERSTANDING OF BUMAN BEHAVIOR IS EVOLVING QUICKLY, NEW INSIGHTS ACROSS ECONOMICS, PSYCHOLOGY, EVOLUTIONARY BIOLOGY, NEUROSCIENCE, AND MORE HAVE TRANSFORMED OUR UNDERSTANDING OF BOW PROFLE MARE DECISIONS, THROUGH PARTNERSHIPS WITH LEADING ACADEMIC AND RESEARCH INSTITUTIONS, WE ARE BEINGING THE RESEARCH INTO THE FIELD TO CONNECT THE NEXT GENERATION OF BEHAVIORAL SCIENTISTE WITH PRACTITIONERS ON THE FRONT LINES OF OUR GREATEST 46 (Code) (Expenses §, 281,451, relating grants of \$) (Revenue \$) INNOVATIVE FIRANCE: RARE'S, SUSTAINABLE BUSINESS MODELS, AND FINANCING GROUP OFFERS A SUITE OF INVESTMENT VEHICLES THAT DEPLOY PRIVATE CAPITAL AND PUBLIC FINANCE FOR COMMUNITIES THAT TRANSITION TO SUSTAINABLE BEHAVIORS, PRODUCE MEASULABLE CONSERVATION IMPECTS, AND GENERATE COMMERCIAL FINANCIAL RETURNS FOR INVESTMENT SHALT TRANSITION TO SUSTAINABLE BEHAVIORS, PRODUCE MEASULABLE CONSERVATION IMPECTS, AND GENERATE COMMERCIAL FINANCIAL RETURNS FOR INVESTORS.	4a	(Code:) (Expenses \$11,613,443. including grants of \$659,614.) (Revenue	\$	
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	44			

20,022,893.

1,181,483. including grants of \$

Form **990** (2017)

4e Total program service expenses ▶

Form 990 (2017) RARE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		30	
	as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	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		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	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	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ţ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form 990 (2017) RARE
Part IV Checklist of Required Schedules (continued)

	· journal of		Yes	No
00.	Did the averagination appropriate and as mare been ital facilities? If #Vee # accordate Cabady to II	20a	res	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
	Schedule L, Part I	25b	_	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			30.5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	•	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.1	Part V, line 1	34	x	
35a	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) RARE Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter O-I find applicable 1a 28 1b 10 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			X					
b Enter the number of Forms W26 Included in line 1s. Enter O-If not applicable				Yes	No					
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this required federal employment tax returns? 2 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A X at your sum of unright or clerelong 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)? 4 A tary time of the name of the foreign country, 9 ESE SCREDULE 0 5 See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the testenoty. 5 But if "Yes," to line Sa or 5b, did the organization file Form 8868-77 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization shell excitable contributions under section 170(c). 8 Did the organization shell excitable contributions under section 170(c). 9 Did the organization shell excitable contributions under section 170(c). 10 Did the organization shell excitable contributions under section 170(c). 10 Did the organization shell excitable contributions under section 170(c). 11 Prize, "did the organization shell, excitable contributions under section 170(c). 12 Did the organization shell excitable contributions under section 170(c). 13 Did the organization shell excitable contributions under section 170(c). 14 Did the organization shell excitabl	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1929							
Gambhing) winnings to prize winners? 10 X	b		-01	1.1						
2a Enter the number of employees reported on Form WA, Tansamittal of Wage and Tax Statements, filed for the calendary sear ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-rible (see instructions) 3b Id the organization have unrelated business greater than 250, you may be required to a-rible (see instructions) 3c Id the organization in the search of the year? If "No," to Inio 3b, provide an explanation in Year Checkler O 3c Id The Yeas," has if titled a Form 990-T for this year? If "No," to Inio 3b, provide an explanation in Year checkler O 3c Id The Yeas," has if titled a Form 990-T for this year? If "No," to Inio 3b, provide an explanation in Year checkler O 3c Id Yeas, "has if titled a Form 990-T for this year? If "No," to Inio 3b, provide an explanation in Year checkler O 3c Id Yeas, "has the organization of the foreign country," by ESE SCREDEDLE O 3c In Yeas, "to Inio 3c and year year (all the organization than 114, Report of Foreign Bank and Financial Accounts (FBAR), See Instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See Instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See Id Yeas, "to Inio 3c and 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? Beb. X. b Id any taxable party notify the organization file Form 8888-17 6c In Yeas, "to Inio 3c and 5b, did the organization file Form 888-17 6c Des the organization have annual grose receivels that are normally greater than \$100,000, and did the organization selection any contributions with the wear of the deductible organization file organization selection 170(c). b If Yeas, "did the organization have wear of the year	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	150	100	187					
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38 bit the organization have unrelated business gross income of \$1,000 or more during the year? 48 bit *Yes*, has if filed a Form 9900*Tor this year? #*Yeb," to fine 3b, provide an explanation in Schedule O 49 bit *Yes*, and if filed a Form 9900*Tor this year? #*Yeb," to fine 3b, provide an explanation in Schedule O 50 bit *Yes*, and if the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; beach as a bank account, securities account, or other financial accountfy? 51 bit *Yes*, and the three the name of the foreign country; be \$28. SCIEDULE O 52 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 53 Was the organization have to a prohibited that shelter transaction? 54 bit was the organization was a shelter transaction at any time during the tax year? 55 Var. 56 Var. 57 In *Yes*, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 58 Des the organization shelt were not tax deductible as charitable contributions? 59 In *Yes*, to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59 If *Yes*, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 If the organization receive a payment in excess of 35 made party as a contribution of and partly for goods and services provided to the payor? 50 If the organization receive a payment in excess of 35 made party as a contribution of under the payor and to the file form 8200 and the payment of the value of the goods or services provided? 50 If the organization receive a payment in excess of 35 made party as a contribution of under the payment of the value of the goods or services provided? 50 If the organization receive and contribution of under the payment of the value of the goods or services provided? 51 In the for										
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d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	C									
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76		to file Form 8282?	7¢		х					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 5 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 11b 12a 12b 17f Yn 7g 7h 7h 8 8 9 Sponsoring organization is networked funds. Did a donor advised fund maintained by the sponsoring organization file a Form 1098-C? 7h 8 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 11a 10a 10a 11b 11b 12a 11b 12a 11b 12b 11c 12c 11c 12c 11d 12b 11d 12c 12c 12c 12d 12d 12d 12d	d		1 100	3-4	100					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X		amounts due or received from them.)	14.							
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			2000	4						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a X		Note. See the instructions for additional information the organization must report on Schedule O.		1						
c Enter the amount of reserves on hand	b			WE						
4a Did the organization receive any payments for indoor tanning services during the tax year?			NE P	46						
4a Did the organization receive any payments for indoor tanning services during the tax year?			53	51511						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		Х					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to fine da, ob, or rob below, added the directive acceptance, production, or charge in concern of the circumstances, production, and the circumstances, and the circumstances, production, and the circumstances, and the circums							
_	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		Van	No				
	Takes the growth as of victing members of the governing body at the end of the tay year.	ne l	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing	5 2		1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	3.0						
b	Enter the number of voting members included in line 12, above, who are independent			Tra				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		x				
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision							
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x				
4	Did the organization make any significant changes to its governing documents since the phone of the properties. Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
5		6		x				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť						
7a		7a		x				
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-1-						
D		7b		x				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	155	TT (
8		8a	x					
a	= 1	8b	х					
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
000	tion BT 7 shores (mis Section B requests information about policies not required by the internal hersing section		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	ļ				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
•	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent			02				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		181	The .				
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.3				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	120	1,13	BUR				
	taxable entity during the year?	16a	Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		6.5	100				
	exempt status with respect to such arrangements?	16b	Х					
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed LI, NY, PA, VA, WI, CA, WA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨							
	CATHERINE STEWART - (703) 522-5070							
	1310 NORTH COURTHOUSE RD, NO. 110, ARLINGTON, VA 22201							

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

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

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

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

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

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

(A) Name and Title	Name and Title Average hours per		not c	Pos heck ss per	more rson i	than s boti	nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT AMERO	3.50									
CHAIRMAN		X	_	Х			_	0.	0.	0.
(2) NANCY MACKINNON	2.50									
VICE CHAIRMAN		Х	_	Х			_	0.	0.	0.
(3) TOM PATTERSON TREASURER	2.50									
	2.50	X	_	X	_		_	0.	0.	0.
(4) STEVE GAINES SECRETARY	2.50	x		x				0.	0.	
(5) BARBARA HERNANDEZ	2,50	^		^	-		-	0.	0.	0
TRUSTEE	2.30	x						0.	0.	0.
(6) DAVID MCCORMICK	2,50									,
TRUSTEE		x						0.	0.	0.
(7) ALICE FARMER	2.50	Т				Т	\vdash			
TRUSTEE		х						0.	0.	0.
(8) EDWARD SOULE	2.50									
TRUSTEE		x						0.	0.	0.
(9) SARAH STEIN GREENBERG	2.50									
TRUSTEE		x						0.	0.	0.
(10) RANDY BROWN	2.50									
TRUSTEE		Х						0.	0.	0.
(11) LIZANNE GALBREATH	2.50									
TRUSTEE		Х						0.	0.	0.
(12) AVI GARBOW	2.50								10	
TRUSTEE		X						0.	0.	0.
(13) DUNCAN MCFARLAND	2.50									
TRUSTEE		X						0.	0.	0.
(14) VADIM NIKITINE	2.50									
TRUSTEE		Х				_	_	0.	0.	0.
(15) AMANDA PAULSON	2.50									
TRUSTEE		Х						0.	0.	0.
(16) DOROTHY BATTEN	2.50									
TRUSTEE		X				_		0.	0.	0.
(17) SVEN LINDBLAD	2.50							_		
TRUSTEE		Х						0.	0.	0.

Doub VIII										
Part VII Section A. Officers, Directors, Tru		loy	ees,			įhes	t Co			
(A) Name and title	(B) Average hours per week	(do box		Posi Posi neck r ss per	ition more son i	than o	ne an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JOSE ROBERTO MARINHO	2.50									
TRUSTEE		Х						0.	0.	0.
(19) JAN PORTMAN TRUSTEE	2.50	x						0.	0.	0.
(20) ANNIE MARTIN SIMONDS	2,50		\vdash		\vdash	\vdash				
TRUSTEE		x						0.	0.	0.
(21) PAUL BUTLER	55.00									
TRUSTEE		х						72,276.	0.	0.
(22) BRETT JENKS	75.00				П					
PRESIDENT & CEO		х		х				431,635.	0.	73,852.
(23) TIMOTHY CHILDRESS	60.00									
CHIEF FINANCIAL OFFICER				Х				253,650.	0.	37,838.
(24) DALE GALVIN	60.00	-			.,			200 101	0.	70,576.
MANAGING DIR., SUSTAINABLE	60.00	-		_	Х	-	-	309,181.	0.	70,576.
(25) KAREN ZIFFER	60.00	-			x			277 472	0.	44,837.
CHIEF DEVELOPMENT OFFICER	60.00	-			^	-		277,472.	0.	44,037.
(26) MARTHA PIPER	60.00	1			x			262,048.	0.	45,069.
MANAGING DIR., GLOBAL SOLUTIONS		_			_	L.		1,606,262.	0.	272,172.
1b Sub-total								920,027.		127,914.
c Total from continuation sheets to Part								2,526,289.		400,086.
d Total (add lines 1b and 1c)							0.10			200,000.
2 Total number of individuals (including but	not limited to tr	1058	uste	iu ai	JOVE	;) W[o re	rceived more man \$100,	,000 or reportable	24
compensation from the organization		_								Yes No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	Inte	H	
	line 1a? If "Yes," complete Schedule J for such individual	3	_	<u> </u>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			10.50
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	1		THE R
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LINDBLAD MARITIME ENTERPRISES LLTD, 96		
MORTON STREET 9TH FLOOR, NEW YORK, NY	SPECIAL EVENT BOAT TRIP	421,875.
MARINE ENVIRONMENT RESOURCES FND., U.P.		
MARINE SCIENCE INSTITUE BLDG, VELASQUEZ	MONITORING AND EVALUATION	275,396.
ORRICK, HERRINGTON, & SUTCLIFFE LLP		
4619 SOLUTIONS CENTER, CHICAGO, IL 60677	LEGAL SERVICES	164,837.
CARYN PERRELLI CONSULTING LLC, 10111	TALENT ACQ. & HUMAN RESOURCE	
RATCLIFFE MANOR DRIVE, FAIRFAX, VA 22030	MANAGEMENT	151,813.
UNIVERSITY OF TEXAS EL PASO		
500 W UNIVERSITY AVE, EL PASA, TX 79968	UNIVERSITY TUITION	147,439.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	5	200

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, 1 (A)	(B)	Γ		(C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours	(c	hecł	all	that	app	ly)	compensation	compensation	amount of
	per					43		from	from related	other
	week (list any	Į.				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				d em		(W-2/1099-MISC)	(**-2/1099-10130)	organization
	related	ee or	stee			nsate		(1.12.1000 11.100)		and related
	organizations	trust	al tr		oyee	ed mo			1	organizations
	below	Individual trustee or director	Institutional trustee	 ja	Key employee	Highest compensated employee	je			
	line)	Indi	Inst	Officer	Key	臺	Former			
(27) GERALD MILES	60.00									
VP GLOBAL DEVELOPMENT			Ш.			Х		244,471.	0.	56,22
(28) STEPHEN JAMES BOX	60.00									
SENIOR VICE PRESIDENT						Х		176,643.	0.	34,06
(29) CARYN PERRELLI	60.00									
VICE PRESIDENT						х		168,118.	0.	5,73
(30) CARL DAVIS	60.00									
VICE PRESIDENT			-			х		165,469.	0.	19,87
(31) KERRI HANNIGAN	60.00									
VP, MARKETING AND COMMUNICATION						Х		165,326.	0.	12,01
			<u> </u>		_					
	-									
		_	_		_	_				
	-		-			-				
	-			_	-	_	-			
	-									
	+			_	-					
	-									
	_	\vdash				-	_			
				-			_			
			_							
	1									
otal to Part VII, Section A, line 1c								920,027.		127,914

Par	t VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response o	r note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20 00	1 a	Federated campaigns	1a					Mark St.
ran	b	Membership dues						
2 8	c	Fundraising events						
ifts ar A		Related organizations						
S, S	е			1,443,070.				
S	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above	/e 1f	19,951,326.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1	la-1f: \$					
SE	h	Total. Add lines 1a-1f			21,394,396.			
				Business Code				
g	2 a							
Program Service Revenue	b							
	C							-
leve	d							-
Progr B	е							
	f	All other program service reve	nue					
\rightarrow	<u>g</u>	Total. Add lines 2a-2f						
	3	Investment income (including			220 267			230,367.
- 1		other similar amounts)			230,367.			250,507.
	4 Income from investment of tax-exempt bond proceeds							1
	5	Royalties					ex	
			(i) Real	(ii) Personal				Marie VIII
		Gross rents						
		Less: rental expenses						ALTERNATION OF THE PARTY OF THE
- 1		Rental income or (loss)						1000
			T					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory	817,468.					BUILDING TO
	k	Less: cost or other basis	013 054					
		and sales expenses	813,954. 3,514.					
		Gain or (loss)			3,514.			3,514.
1	_ (Net gain or (loss)		▶	0,011.			
9	8 8	Gross income from fundraising						
en le		including \$				William Property		
Re.		contributions reported on line						
Other Revenue		Part IV, line 18				Charles III		
₽		Less: direct expenses Net income or (loss) from fund				PH DESIGN		
		a Gross income from gaming at					F555.m4	
	9 8							
		Part IV, line 19 b Less: direct expenses						
		c Net income or (loss) from garr		_				
		a Gross sales of inventory, less	-			HEROLD IN SERVICE	T. C. P. A.	
	10 .	and allowances						
	١,	b Less: cost of goods sold						
		c Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code		STATE OF THE STATE		North Tells
	11			541610	277,954.		277,954	
		OTHER REVENUE		900099	41,276.			41,276.
					,			
		d All other revenue						
	18	e Total. Add lines 11a-11d		•	319,230.			
	42	Total revenue See instructions.			21,947,507.		277,954	. 275,157.

Total revenue. See instructions.

Form 990 (2017) RARE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
	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				
	and domestic governments. See Part IV, line 21	237,184.	237,184.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,177,287.	1,177,287.	KIND BUILDING	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,769,503.	489,068.	597,135.	683,300.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,273,677.	7,347,329.	450,861.	475,487.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	421,052.	328,587.	43,962.	48,503.
9	Other employee benefits	2,291,830.	1,788,531.	239,292.	264,007.
10	Payroll taxes	1,090,555.	851,063.	113,866.	125,626.
11	Fees for services (non-employees):				
а	Management				
b	Legal	255,560.		255,560.	
	Accounting	139,155.		139,155.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,632,699.	2,523,549.		109,150.
12	Advertising and promotion	31,644.	31,644.	50.560	05.045
13	Office expenses	209,614.	124,098.	59,569.	25,947.
14	Information technology	641,793.	544,932.	86,020.	10,841.
15	Royalties	1 501 017	1 120 720	120 012	071 086
16	Occupancy	1,521,017.	1,120,728.	129,013.	271,276.
17	Travel	1,979,162.	1,791,494.	40,952.	146,716.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,239,768.	1,239,768.		
19	Conferences, conventions, and meetings	14,395.	14,395.		
20	Interest Payments to affiliates	14,373.	14,000		
21 22	Payments to affiliates	138,220.		138,220,	
23	In	61,537.	37,305.	24,232.	
23	Other expenses, Itemize expenses not covered	01,557.	37,303.	2=,234.	
4 **	above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) CUMULATIVE TRANSLATION	011 201	211 201	EARINED EN EN C	
a	PROF. TRAINING & DEVELO	211,381.	211,381.		
b	PERMITS AND TRAVEL FEES	76,014.	76,014.		
C	BANK FEES	66,1 4 8.	66,148. 17,388.	14 070	267
d		32,533.	17,300.	14,878.	267.
	All other expenses	24,516,728.	20,022,893.	2 222 715	2 151 120
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	23,310,720.	20,022,033.	2,332,715.	2,161,120.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (page 27)

Form 990 (2017)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			912,296.	1	6,018,906.
	2	Savings and temporary cash investments			1,412,176.	2	2,307,850.
	3	Pledges and grants receivable, net		15,274,497.	3	11,470,419.	
	4	Accounts receivable, net		I		4	
	5	Loans and other receivables from current and for				85	
	•	trustees, key employees, and highest compensa				86.	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif		T I		201	
	Ŭ	section 4958(f)(1)), persons described in section				3.6	
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).		1		6	
Assets	_	Notes and loans receivable, net		l l		7	
Ass	7	Inventories for sale or use				8	
`	8	Prepaid expenses and deferred charges		F	637,416.	9	575,305.
	9	Land, buildings, and equipment: cost or other	ï ï				
	loa	basis. Complete Part VI of Schedule D	100	1 380 453.			
			10a	1,094,353.	343,121.	10c	286,100.
	l .	Less: accumulated depreciation			8,187,370.	11	13,726,332.
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 1		.,,,,	12		
	12					13	
	13	Investments - program-related. See Part IV, line				14	
	14	Intangible assets	1,637,554.	15	1,796,604.		
	15	Other assets. See Part IV, line 11		And the second s	28,404,430.	16	36,181,516.
	16	Total assets. Add lines 1 through 15 (must equa			3,642,022.	17	3,242,235.
	17	Accounts payable and accrued expenses			7,112,1121	18	- 71
	18	Grants payable		I	2,678,452.	19	8,304,591.
	19	Deferred revenue		[_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	
	20	Tax-exempt bond liabilities				21	
	21	Escrow or custodial account liability. Complete I			S 105 U. S. 189 L.		당보기 기기 보고 당
es	22	Loans and other payables to current and former					
#		key employees, highest compensated employee		l l		22	
Liabilities		Complete Part II of Schedule L		1		23	
_	23	Secured mortgages and notes payable to unrela				24	
	24	Unsecured notes and loans payable to unrelated		T I		27	
	25	Other liabilities (including federal income tax, pa					
	1	parties, and other liabilities not included on lines			1,593,412.	25	6,893,985.
		Schedule D			7,913,886.	26	18,440,811.
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958				20	
				K liere		T. Car	
es Se		complete lines 27 through 29, and lines 33 and			9,374,386.	27	8,771,524.
anc	27	Unrestricted net assets		1	11,116,158.	28	8,969,181.
Ba	28	Temporarily restricted net assets				29	
nd	29			2) shock hara		23	TELEVISION CONTROL FOR
Ŀ	1	Organizations that do not follow SFAS 117 (A	3C 93	s), check here			
, O.		and complete lines 30 through 34.				30	
sets	30	Capital stock or trust principal, or current funds				31	
Ass	31	Paid-in or capital surplus, or land, building, or ed				32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			20,490,544.	33	17,740,705.
	33	Total link liking and not assets found belonger			28,404,430.	34	36,181,516.
	34	Total liabilities and net assets/fund balances .			==,===,===,	UT	Form 990 (2017)

23-7380563

Pa	TCXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,947,	507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	,516,	728.
3					221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,490,	544.
5	Net unrealized gains (losses) on investments	5		-180,	618.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	17	740,	705.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		. (203)	13	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			-551
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	3 (2.1)		TE.
	separate basis, consolidated basis, or both:		V-1-1		
	Separate basis Consolidated basis Both consolidated and separate basis			812	
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 separate			- 3	TT.
	consolidated basis, or both:		100		
	Separate basis X Consolidated basis Both consolidated and separate basis		1000	-3	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		133	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		itels)	-	PA
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	12 3	-57	
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990 (2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 23-7380563

Pa	rt I	Reason for Public C	harity Status (A	Il organizations must co	mplete this	s part.) Se	e instructions.	
	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
	organ	A church, convention of chu					VAVi).	
1	\vdash	A school described in section					//· '/\''	
2	\vdash						n.	
3	\vdash	A hospital or a cooperative h						the hoenital's name
4		A medical research organiza	ition operated in con	junction with a hospital	described	iii secuoi	n motol/ n/Allin. cinter	ine nospital s name,
		city, and state:						
5		An organization operated for		ege or university owned	or operate	ed by a go	vernmental unit describe	ig in
		section 170(b)(1)(A)(iv). (C	·					
6		A federal, state, or local gov						
7	X	An organization that normal	ly receives a substar	itial part of its support fr	om a gove	rnmental u	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (Co						
8		A community trust describe						
9		An agricultural research orga						
		or university or a non-land-g	rant college of agricu	Ilture (see instructions).	Enter the r	name, city,	, and state of the college	or
		university:						
10		An organization that normal	ly receives: (1) more	than 33 1/3% of its supp	oort from c	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	pt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin						
		See section 509(a)(2). (Con						
11		An organization organized a		vely to test for public saf	fety. See	section 50)9(a)(4).	
12		An organization organized a						purposes of one or
		more publicly supported org						
		lines 12a through 12d that of						
	a 🗀	Type I. A supporting orga						giving
		the supported organization						
		organization. You must c			,,			
	b [Type II. A supporting orga			ion with its	s supporte	ed organization(s), by hav	rina
,		control or management of	f the supporting orga	inization vested in the sa	ame perso	ns that co	ntrol or manage the supr	ported
		organization(s). You mus			21110 po.oo.		The state of the s	
		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with.
•	C L_	its supported organization						,
		Type III non-functionally	internated Asuno	orting organization oner	ated in co	nnection v	with its supported organiz	zation(s)
1	d L	Type III non-tunctionally	integrated. A supp	stics concrelly must est	iofu a dietr	ibution roc	wiir its supported organis	/enecc
		that is not functionally into						7611633
		requirement (see instructi						
1	e	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
		er the number of supported o	-			• • • • • • • • • • • • • • • • • • • •	***************************************	
	g Pro	ovide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(11) 2.114	(described on lines 1-10		ing document?	support (see instructions)	support (see instructions)
		organization -		above (see instructions))	Yes	NO		
_								
_								
_								
_								
-								
_					1	1		L

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,292,948.	20,190,469.	18,744,535.	32,487,459.	21,394,396.	109,109,807.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,292,948.	20,190,469.	18,744,535.	32,487,459.	21,394,396.	109,109,807.
5	The portion of total contributions	The Last News Inc.			LYF EST DE 3		
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					LINE AT A	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		AND EXTO		110		
	column (f)						46 076 042
							46,876,043.
	Public support. Subtract line 5 from line 4.						62,233,764.
_		(-) 0010	/t-\ 0014	/-> 0015	1.5.0040	() 0047	25
	ndar year (or fiscal year beginning in)	(a) 2013 16,292,948.	(b) 2014 20,190,469.	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	10,232,340.	20,190,409.	18,744,535.	32,487,459.	21,394,396.	109,109,807.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	210 207	220 045	100 (40	175 005	020 265	
	and income from similar sources	218,207.	230,845.	189,649.	176,985.	230,367.	1,046,053.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					i i	
	or loss from the sale of capital						
	assets (Explain in Part VI.)		39,491.			319,230.	358,721.
11	Total support. Add lines 7 through 10						110,514,581.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	326,936.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	5
~	organization, check this box and stor						▶
_	tion C. Computation of Publi						
	Public support percentage for 2017 (li					14	56.31 %
	Public support percentage from 2016					15	54.46 %
16a	33 1/3% support test - 2017. If the d	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion		***************************************	▶ 🗌
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		D
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				-		2
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar		
	5,00		-				

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	Jii, piedeo comp	10101111				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513 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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	tion,
check this box and stop here						D
Section C. Computation of Public						
15 Public support percentage for 2017 (lin	ne 8, column (f) di	ivided by line 13,	column (f))		15	9
16 Public support percentage from 2016					16	
Section D. Computation of Invest						
17 Investment income percentage for 2018 Investment income percentage from 2					17	(
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		
990 or 99	0-F7\	2017

Page 5

Par	art IV Supporting Organizations (continued)			
	A STANDARD OF THE STANDARD OF		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	A375		
	a A person who directly or indirectly controls, either alone or together with persons described in (b) a	and (c)		84
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide det	tail in Part VI. 11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1				7
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times of	during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, super		ma.	
	controlled the organization's activities. If the organization had more than one supported organization	n,	200	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the			1000
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			-
2				1.4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp		18.8	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that of			200
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations		T.,	
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI had			18.
	or management of the supporting organization was vested in the same persons that controlled or n	nanaged	1	
0	the supported organization(s).	1.1	_	
Sec	ection D. All Type III Supporting Organizations		Yes	No
	The second secon	nth of the	163	140
1				100.0
	organization's tax year, (i) a written notice describing the type and amount of support provided du year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii)			231
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) organization's governing documents in effect on the date of notification, to the extent not previous			
	the second secon			1818
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain			2.5
2	the organization maintained a close and continuous working relationship with the supported organi By reason of the relationship described in (2), did the organization's supported organizations have	zation(o)		
3	significant voice in the organization's investment policies and in directing the use of the organization		1539	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations		**	
1		the year (see instructions).		
' a	The state of the s	, 2.2 , 2.2 ,		
b	The state of the s	w.		
c	The state of the s		s)	
2			Yes	No
a	The state of the s	purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI			154
	those supported organizations and explain how these activities directly furthered their exempt			
	how the organization was responsive to those supported organizations, and how the organization of			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement,	one or more	13.8	8
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			13
	reasons for the organization's position that its supported organization(s) would have engaged in the		184	-
	activities but for the organization's involvement.		_	_
3			100	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directo	ors, or		180
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and ac	ctivities of each	411	
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in			1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	1 4 9 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in f	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sec	tion 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		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			File of the state
	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		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see
	instructions).	_		

Schedule A (Form 990 or 990-EZ) 2017

Par	(V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continued)	
		Distributions			Current Year
1	Amou				
2	Amou	ints paid to perform activity that directly furthers exempt	purposes of supported		
		izations, in excess of income from activity		5	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amou	ints paid to acquire exempt-use assets			
5.	Qualif	fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
		annual distributions. Add lines 1 through 6.			
8	Distrik	butions to attentive supported organizations to which the	e organization is responsive		
		de details in Part VI). See instructions.			
9	Distrik	butable amount for 2017 from Section C, line 6			
	Line 8	3 amount divided by line 9 amount			
		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	butable amount for 2017 from Section C, line 6			
		rdistributions, if any, for years prior to 2017 (reason-			
_		cause required- explain in Part VI). See instructions.			
3		ss distributions carryover, if any, to 2017			
a	Juli -				
	From	2013			
	From				
	From		6 - 1 - 2 - 1 - 1		
	From				
		of lines 3a through e			STATE OF THE STATE
		ed to underdistributions of prior years			A THE STATE OF THE
_		ed to 2017 distributions of prior years			
		over from 2012 not applied (see instructions)			DESCRIPTION OF THE PARTY OF THE
<u> </u>		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
		370	CENTRAL TREESTON		
4		butions for 2017 from Section D,			
_	line 7				
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		ainder, Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2017. Subtract lines 3h			
		4b from line 1. For result greater than zero, explain in	THE STREET	THE THE WATER THE	
		VI. See instructions.			
7	Exce	ess distributions carryover to 2018. Add lines 3j			
8		kdown of line 7:			
_		ss from 2013			ETO STEN EN
		ss from 2014	MINISTER OF THE PARTY OF THE PA		Non-Eight Eight en eile
		ss from 2015			
		ss from 2016			
		ess from 2017		RESULT HEROUSE NO	CO PLANT OF SUIT
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 RARE	23-7380563	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	and 2; Part IV, Sectio Section B. line 1e; P	n G.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
AMOUNT BILLED TO INSURANCE COMPANY FOR FIRE DAMAGE:		
2014 AMOUNT: \$ 39,491.		-
MANAGEMENT FEE REVENUE		
2017 AMOUNT: \$ 277,954.		
OTHER REVENUE		
2017 AMOUNT: \$ 41,276.		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

Employer identification number

RAR	UE	23-7380563					
Organization type (check or	ne):						
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 foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
,							
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'						
Special Rules							
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$							
Caution: An organization the	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF),					
LHA For Paperwork Redu	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)					

Name of or	ganization		Employer identification number
RARE			23-7380563
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$6,527,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$2,849,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$1,147,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4		\$1,089,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$613,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6_		\$541,	Person X Payroll

Name of organization Employer identification number

RARE 23-7380563

raiti	Contributors (see instructions). Ose duplicate copies of Fart I if additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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		\$493,806.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** RARE 23-7380563 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

(a)

No.

from

Part I

(d)

Date received

(c)

FMV (or estimate)

(See instructions.)

(b)

Description of noncash property given

Employer identification number Name of organization 23-7380563 RARE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RARE

Employer identification number 23-7380563

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	-	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assata
i di	Complete if the organization answered "Yes" on Form		ner Similar Assets.
10			and and belones the street of
'la	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
			nce of public service, provide, in Part XIII,
ь	the text of the footnote to its financial statements that describ		and belongs about words of oil black of oil
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	dication, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		A
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	actures or other similar assets for financial	
~	the following amounts required to be reported under SFAS 11		gain, provide
-	Revenue included on Form 990, Part VIII, line 1		•
a h	Assets included in Form 990. Part X		\$

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

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 RARE						23-7380			age Z
Par	0.3									
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that a	are a signi	ficant use	of its co	ollection if	ems	
	(check all that apply):									
а	Public exhibition	d	Loan or ex	change progran	ns					
b	Scholarly research	е	Other							
c	Preservation for future generations		12							
	Provide a description of the organization's co	llections and explain	how they further t	he organization	's exempt	t purpose	in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art. historical trea	sures. or other	similar as	sets				
	to be sold to raise funds rather than to be ma						[Yes		No
	t IV Escrow and Custodial Arrang							ine 9. or		
1 (41	reported an amount on Form 990, Par		, co ii a io o gamaan	.,		,	,			
4.	Is the organization an agent, trustee, custodi		iany for contribution	ns or other asse	ts not inc	luded				
								Yes		No
	on Form 990, Part X?						ட] 163] 110
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amazzunt		
						-		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		-	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accou	nt liability	?	L	Yes	<u>_</u>	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided on P	art XIII <u>.</u>					
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on F	orm 990, Part I	V, line 10.					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three yea	rs back	(e) Four	/ears	back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
_	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			+						
f	Administrative expenses				_					
g	End of year balance									
2	Provide the estimated percentage of the cur			a)) neid as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С	Temporarily restricted endowment 🕨									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administere	ed for the	organizati	on	-		r—
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o		st or other		cumulated		(d) Book	valu	ie
	besomption of property	basis (investi		s (other)		eciation				
	Land				yld y B					
	Land									
b	Buildings			258,515.		204,9	38.		53	577.
С	Leasehold improvements			761,438.		603,6				809.
d				360,500.		285,7				,714.
_	Other					203,1	50.			,100.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990. Part	X. column (B), line	10c.)					200	, 100.

Schedule D (Form 990) 2017 RARE			23-7380563	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market	value
(1) Financial derivatives				
(2) Closely-held equity interests		-		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				2015
	F 000 D. d.N/ I'	44 0 5 000 5 1111		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Co		ala
	(b) Dook value	(c) Method of Valuation. Co	ost or end-or-year market	value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			JEW TO SELECT THE SECOND SECON	HOUSE.
Part IX Other Assets.				
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X line	15	
	Description	Trail doc Form doc, Farry, mic	(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990. Part >	K. line 25.	
1. (a) Description of liability		(b) Book value		PETUZ
(1) Federal income taxes				
(2) DEFERRED COMPENSATION LIABILITY		1,565,235.		
(3) INVESTED FUNDS DUE TO RELATED PARTY		5,328,750.		
(4)				
(5)				
(6)		A CARLO		
(7)				
(8)				
(9)		1423		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	6,893,985.		

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

Par	t XI Reconciliation of Revenue per Audited Financial Staten		evenue per Ket	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				23 816 270
1	, , , , , , , , , , , , , , , , , , , ,			1	23,816,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	100 610		
а	Net unrealized gains (losses) on investments		-180,618.	10	
b	Donated services and use of facilities		789,026.		
¢	Recoveries of prior year grants		1 260 255	155	
d	Other (Describe in Part XIII.)		1,260,355.		1 060 763
е	Add lines 2a through 2d			2e	1,868,763.
3	Subtract line 2e from line 1	***************************************		3	21,947,507
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
¢	Add lines 4a and 4b		1	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	monto With	Evnences per P	5	21,947,507.
Ра	rt XII Reconciliation of Expenses per Audited Financial State			eturri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	25,607,760.
1	Total expenses and losses per audited financial statements				20,007,770
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0-1	789,026.		
а	Donated services and use of facilities	-	705,020.		
b	Prior year adjustments				
C	Other losses		302 006		
d			302,006		1,091,032.
е				2e	
3	Subtract line 2e from line 1			3	24,516,728.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		53331	0
C	Add lines 4a and 4b			4c	0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	24,516,728.
-	rt XIII Supplemental Information.		LOU DOUGH VIEw A	Dest V. I	in a Co Doub VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inform	ation.		
_					
PAR	r x, line 2:				
RAR	E IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE	INTERNAL			
REV	ENUE CODE (IRC). RARE IS SUBJECT TO UNRELATED BUSINESS INCOM	ME TAXES			
UND	ER SECTION 511 OF THE IRC; HOWEVER, IN THE OPINION OF MANAGE	EMENT, NO			
	TO THE THEORY WANTED TO DESCRIPTION OF THE WANTE				
PRO	VISION FOR INCOME TAXES IS REQUIRED TO BE MADE.				
_					
RAR	E FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAIN	INTY IN			
INC	OME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX	BENEFITS			
CLA	IMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE REC	CORDED IN			
	CONCOLIDATION ETHANCIAL CHAMDMENTIC LINDED THIC CHIDANCE PAL	PE MAY			
THE	CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, RAI	CALLET			
REC	OGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY	IF IT IS			
MOR	E LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED OF	N			
				Schodul	le D /Form 990\ 201

Schedule D (Form 990) 2017 RARE		23-7380563	Page 5
Schedule D (Form 990) 2017 RARE Part XIII Supplemental Information (continued)			
STATEMENTS	-319,230.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	302,006.		
			-

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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

OMB No. 1545-0047

RARE					23-7380563	
		ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and oti	ner assistance outs	ide the
United States.						
3 Activities per Region. (T	ne following Part		an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1 ' '	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	1 ' '	gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	1	specific type (s) in the region	investments
		in the region	recipionts located in the region,	OI SEIVICE	(a) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	ninuma mo puarrenuma			
THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS			264,124.
EAST ASIA AND THE						
PACIFIC PACIFIC	o	0	GRANTS TO RECIPIENTS			100 976
			STOWNS TO RECTIFICATE			100,876.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS			52,429.
						12,123.
,						
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS			510,379.
SOUTH ASIA	Ó	0	GRANTS TO RECIPIENTS			97,040.
OUD CANADAN ADDICA						
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS			152,439.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	1	5	FUNDRAISING			E60 E02
- COLUMN & ORDERING)	-		FORDINITING			569,502.
	-		1	TRAINING WO	RKSHOPS ON	
EUROPE (INCLUDING				LOCAL CONSE		
ICELAND & GREENLAND)	1	5	PROGRAM SERVICES	METHODS		201,993.
3 a Sub-total	2	10	GITS TO THE STATE OF THE	AUGUST		1,948,782.
b Total from continuation				Maria Andrews		_,,
sheets to Part I	17	198		MARIE SE		8,542,741.
c Totals (add lines 3a						
and 3b)	19	208		THE PARTY OF		10 491 523.

23-7380563

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	DESIGN AND IMPLEMENTATION OF FISHERIES MANAGEMENT	264,124. WIRE	WIRE	0.		
		EAST ASIA AND THE PACIFIC	SOLUTION SEARCH DESIGN AWARD	15,000.WIRE	WIRE	.0		
		EAST ASIA AND THE PACIFIC	CAMPAIGNING FOR CONSERVATION WORKSHOP	47,699.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MONITORING AND EVALUATION CONSERVATION TRAINING CUTCOMES	20,120.WIRE	WIRE	.0		
		EAST ASIA AND THE PACIFIC	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	5,750.	WIRE	.0		
		EAST ASIA AND THE PACIFIC	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	7,281.	WIRE	0.		
		SOUTH AMERICA	SOCIAL MARKETING AND	56,989.	WIRE	0.		
		SOUTH AMERICA	CAMPALGNING FOR CONSERVATION TRAINING EVENT	41,320.WIRE	/IRE	0.		
2 Enter total number of	recipient organization	ns listed above that are re	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	oreign country, n	ecognized as tax-exe	mpt		

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 Schedule F (Form 990) 2017

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Part II Continuation o	f Grants and Other A	Continuation of Grants and Other Assistance to Organizations or	ations or Entities Outside the United States.	Inited States.	(Schedule F (Form 990), Part II, line 1)	90) Part II, line 1)		
ě	(b) IRS code section and EIN (if applicable)	(c) Region		(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SOLUTION SEARCH DESIGN AWARD	7,500.WIRE	WIRE	.0		
		SOUTH AMERICA	CAMPAIGNING FOR CONSERVATION TRAINING EVENT	39,908.WIRE	WIRE	0.		
		SOUTH AMERICA	SOLUTION SEARCH DESIGN AWARD	7,500.	WIRE	0.		
		SOUTH AMERICA	MONITORING VEGETATION AND LANDOWNERS LIVIHOODS	9,092.	WIRE	0		
		SOUTH AMERICA	SOCIAL MARKETING AND	21,152. WIRE	WIRE	*0		
		SOUTH AMERICA	SOCIAL MARKETING AND	62,819.	WIRE	0.		
		SOUTH AMERICA	MONITORING AND EVALUATION COMMUNITY FISHERIES	163,619. WIRE	WIRE	0.		
		SOUTH AMERICA	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	11,084.	WIRE	.0		
		SOUTH AMERICA	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	10,087.WIRE	WIRE	0.		

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RARE	
le F (Form 990)	

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		(h) Description of non-cash assistance					Ξ				
0563	90), Part II, line 1	(g) Amount of non-cash assistance	0	°	.0	0	0.	.0	0.	0	c
23-7380563	(Schedule F (Form 990), Part II, line	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	ж
	United States.	(e) Amount of cash grant	11,815.	18,465.	20,120.WIRE	10,772.	20,120.WIRE	64,420.	12,500.	36,000. WIRE	20 120 WIRE
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	MONITORING AND EVALUATION COMMUNITY FISHERIES	MONITORING AND EVALUATION CONSERVATION TRAINING OUTCOMES	SOCIAL MARKETING AND COMMUNITY DEVELOPMENT	MONITORING AND EVALUATION CONSERVATION TRAINING OUTCOMES	CAMPAIGNING FOR CONSERVATION TRAINING EVENT	CAMPAIGNING FOR CONSERVATION MINIGRANTS	SOLUTION SEARCH DESIGN AWARD	MONITORING AND EVALUATION CONSERVATION TRAINING OUTCOMES
	ssistance to Organiza	(c) Region	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
RARE	Grants and Other A	(b) IRS code section and EIN (if applicable)								97 14.	<i>9</i> 4.
1	Part II Continuation of	1 (a) Name of organization									

Page 2	
23-7380563	(Schedule F (Form 990), Part II, line 1)
	States of Organizations or Entities Outside the United States.
RARE	ing And Other Anni
F (Form 990)	0,0

	cash valuation (book, FMV, ance appraisal, other)		
e 1)	of (h) Description of non-cash assistance	0.	c
990), Part II, lin	(g) Amount of non-cash assistance	6	
(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	ŭ ŭ L
		63,876. MIRE	31,025.
lions or Entities Outside the United States.		CAMPAIGNING FOR CONSERVATION TRAINING EVENT	CAMPALGNING FOR CONSERVATION TRAINING EVENT
Continuation of Grants and Other Assistance to Organizations or	(c) Region	SUB-SAHARAN AFRICA	HARAN
Grants and Other A	(b) IRS code section and EIN (if applicable)	, v &	W &
Part II Continuation of	_ ഉ		

Schedule F (Form 990) 2017 RARE 23-7380563

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.

Page 3

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(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)
CONSERVATION SOLUTION SEARCH	NORTH AMERICA	1	15,000.	WIRE	.0		
OP ON CAMPAIGN FOR	NORTH AMERICA	1	37,429.	WIRE	.0		
FOR CONSERVATION AGERS	SOUTH AMERICA	10	14,585. WIRE	WIRE	0.		
TRAVEL STIPENDS FOR CONSERVATION SITE VISITS	SUB-SAHARAN AFRICA	2	1,418.	WIRE	0.		
							~
							: **

Schedule F (Form 990) 2017

Page 4

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

Schedule F (Form 990) 2017

Port V Cumplemental Information
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE PROCESS FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED
STATES INVOLVES SITE VISITS, FREQUENT CORRESPONDENCE WITH GRANTEE,
MONTHLY FINANCIAL AND NARRATIVE PROGRESS REPORTS THAT SUPPORTS THE
CONTRACT AGREEMENT, AND EXAMINATION OF INVOICES AND EXPENSE RECEIPTS.
ò .
PART I, LINE 3:
THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.
•

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

	Go to www.irs.gov/Form990 for the latest information.
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Attach to Form 990	影
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2017	Open to Public Inspection
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Employer identification number **≗** DESIGN TOOLS TO MEASURE TURF RESERVE DESIGN FOR FISHERIES TURF RESERVE MESOAMERICAN REEF AND (h) Purpose of grant 23-7380563 ISHERIES PROGRAMS or assistance X Yes PROGRAM DESIGN DATA ANALYSIS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 Ö o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 100,000 100,000 37,184 (c) IRC section (if applicable) 11-6107128 501(C)(3) 53-0206027 501(C)(3) 95-6006145 501(C)(3) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAASB BUILDING -SANTA BARBARA, CA 93106-2003 2011 CRYSTAL DRIVE SUITE 352 ENVIRONMENTAL DEFENSE FUND or government SMITHSONIAN INSTITUTION ARLINGTON, VA 22202 Name of the organization NEW YORK, NY 10010 257 PARK AVE Part Part II

table	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	o Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Ö (d) Amount of non-cash assistance 5,000. (c) Amount of cash grant THE PROCESS FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED EXAMINATION OF EXPENDITURES, PERIODIC FINANCIAL AND NARRATIVE PROGRESS STATES INCUDES SITE VISITS, FREQUENT CORRESPONDENCE WITH GRANTEES, (b) Number of recipients REPORTS THAT SUPPORTS THE CONTRACT AGREEMENT. (a) Type of grant or assistance Schedule I (Form 990) (2017) LINE 2: HONORARIUM PART I, Part III

23-7380563

RARE

Schedule I (Form 990) (2017)

5

732102 11-01-17

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 23-7380563 RARE

Pa	rt I Questions Regarding Compensation			
			Yes	No
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.			90
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			No.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	33		1130
		15.1		
ь	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 explain	1b		
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 on line 1a?	2		
	tiustoos, and onloors, moraling the death should be seen and the seen	1919		177
3	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		163	1
	establish compensation of the CEO/Executive Director, but explain in Part III.	1	475	
	Compensation committee Written employment contract	14.5		160
	X Independent compensation consultant X Compensation survey or study	132	1.0	10.17
	X Form 990 of other organizations X Approval by the board or compensation committee		PH	
		138		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:		to s	
_	Receive a severance payment or change-of-control payment?	4a		х
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Edi	E 91	HIL
	If 165 to any of lifes 42-6, list the persons and provide the applicable amounts for each term we are in-			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			125
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:		123	
		5a		x
a		5b	\Box	х
Ø	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		72	
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1.3	
ь			100	27
_	contingent on the net earnings of:	6a		х
а	The organization?	6b		x
D	Any related organization?	0.5		
_	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	7	x	1
_	not described on lines 5 and 6? If "Yes," describe in Part III	100	T.B	
8		8	-	x
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	-	
	Regulations section 53.4958-6(c)?	9		1

Schedule J (Form 990) 2017

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

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(J)-(D)	in column (B) reported as deferred on prior Form 990
(1) BRETT JENKS	8	380,393.	50,000.	1,242.	49,382.	24,470.	505,487.	0.
PRESIDENT & CEO	(E)	0	0.	.0	0	0	0	0
(2) TIMOTHY CHILDRESS	Ξ	228,654.	22,867.	2,129.	16,292.	21,546.	291,488.	0
CHIEF FINANCIAL OFFICER	(ii)	0	0.	.0	0.	0	0	0
NI	Ξ	277,238.	31,133.	810.	44,726.	25,850.	379,757.	0
MANAGING DIR., SUSTAINABLE	(1)	0.	0.	*0	0	0	0	0
(4) KAREN ZIFFER	Θ	247,913.	28,959.	.009	17,805.	27,032.	322,309.	0.
CHIEF DEVELOPMENT OFFICER	⊞	0.	0.	.0	0	0	0	0
(5) MARTHA PIPER	Θ	230,114.	30,901.	1,033.	35,974.	9,095.	307,117.	0
MANAGING DIR., GLOBAL SOLUTIONS	(ii)	0.	0.	0.	0.	0.	0	0.
(6) GERALD MILES	€	205,709.	38,762.	.0	56,228.	0	300,699.	0.
VP GLOBAL DEVELOPMENT	⊕	0.	0.	.0	0.	0	0	0.
(7) STEPHEN JAMES BOX	Ξ	163,519.	12,814.	310.	8,951.	25,111.	210,705.	0
SENIOR VICE PRESIDENT	⊞	0.	0.	0.	0.	0.	0.	0.
(8) CARYN PERRELLI	ε	168,040.	0.	78.	0.	5,735.	173,853.	0.
VICE PRESIDENT	€	0.	0.	0.	0.	0.	0.	0.
(9) CARL DAVIS	Θ	150,134.	14,880.	455.	10,602.	9,268.	185,339.	0.
VICE PRESIDENT	⊞	0.	0.	0.	0.	0.	0	0.
(10) KERRI HANNIGAN	Ξ	144,901.	20,142.	283.	6,929.	5,090.	177,345.	0
VP, MARKETING AND COMMUNICATION	€	0.	0.	.0	0.	0	0	0.
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Schedule J (Form 990) 2017

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2017

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Schedule L (Form 990 or 990-EZ) 2017

Name of the orga	R	ARE								2	3-738	r iden 30563		on nu	ımber	
							ion 501(c)(4), and 50									
1	ipiete it the	organization		vered "Yes" on : Relationship bet			art IV, line 25a or 25b), or	Form 990-EZ, Pa	art V,	line 40	b	1,0	0		
(a) Name of	disqualified p	person	(6)	person and o			illied (d	c) D	escription of tran	sactio	on			Corre		
				•				_					+	es	No	
													+	\neg		
													\neg	\neg		
		incurred by	the o	rganization man	agers	or disc	ualified persons dur	ing t	the year under							
section 4958																
3 Enter the am	ount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization			• • • • • •	▶ \$					
Part II Loa	ns to and	/or From	ı İnte	erested Pers	sons.	_		_								
							, Part V, line 38a or F	-orm	000 Port IV lin	. 26.	ar if th		-i+i-			
							, Fart V, IIIIe 30a or F	OIII	1 990, Fart IV, III	e 20,	or II uri	e orga	mzauc	ori		
			_	(c) Purpose	(d) La	an to or	(e) Original	(1) Balance due	(a) In		proved	i i i	/ritten	
interested p	reported an amount on Form 990, Part X, (a) Name of (b) Relationship with organization of lo					n the ization?	principal amount	,	,		ault?		ard or		ment?	
					То	From				Yes	No	Yes	No	Yes	No	
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											_					
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Total							> \$			- 42				26		
Part III Gra	nts or As	sistance	Ben	efiting Inter	este	d Per	sons.									
			answ	vered "Yes" on i	orm 9	90, Pa	rt IV, line 27.									
(a) Name of	Complete if the organization answered "Yes" on Form (a) Name of interested person (b) Relationship betwoen						(c) Amount of		(d) Type) Purp		F	
	Complete if the organization			interested pers the organiza		d	assistance		assistan					ssistance		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

23-7380563 Page 2 Schedule L (Form 990 or 990-EZ) 2017 RARE Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (b) Relationship between interested (d) Description of (c) Amount of (a) Name of interested person transaction transaction person and the organization Yes No 421,875. INDEPENDENT Х ENTITY MORE THAN 35 LINDBLAD EXPEDITIONS Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LINDBLAD EXPEDITIONS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY SVEN LINDBLAD, TRUSTEE (D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number RARE 23-7380563 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VULNERABLE PEOPLE DEPEND ON THE REMAINING FORESTS. WETLANDS AND CORAL REEFS- AND BALANCING HOW WE USE AND PRESERVE THESE RESOURCES REQUIRES US TO CHANGE OUR RELATIONSHIP WITH NATURE. RARE IS THE LEADING BEHAVIOR CHANGE ORGANIZATION IN CONSERVATION. WE SPECIALIZE IN PROVEN LOCALLY-LED SOLUTIONS WHICH WE BRING TO REGIONAL AND NATIONAL SCALE AROUND THE WORLD. FOR MORE THAN 40 YEARS, RARE HAS LAUNCHED OVER 450 BEHAVIOR CHANGE CAMPAIGNS (KNOWN AS "PRIDE") IN MORE THAN 50 COUNTRIES, INSPIRING LOCAL COMMUNITIES TO ADOPT MORE SUSTAINABLE FISHING HABITS, END DEFORESTATION, PRESERVE HABITAT, AND SAVE SPECIES. PRIDE INCREASES AND ACCELERATES THE ADOPTION OF CONSERVATION SOLUTIONS- AND THE CHANGE LASTS. RARE'S PEOPLE-CENTERED, PARTICIPATORY APPROACH TO CONSERVATION EMPOWERS LOCAL LEADERS AND ELEVATES THE ROLE OF FISHERS, FARMERS, AND OTHER PEOPLE WHO DEPEND ON NATURE IN LOCAL DECISION-MAKING AND GOVERNANCE. THIS COMMUNITY-LED APPROACH IS BUOYED BY PARTNERSHIPS WITH OFFICIALS AT ALL LEVELS OF GOVERNMENTFROM MAYORS TO MINISTERSAND WITH PUBLIC AND PRIVATE INSTITUTIONS, UNIVERSITIES AND OTHER ORGANIZATIONS CAPABLE OF REMOVING BARRIERS AND PAVING THE WAY FOR ENDURING SOLUTIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PAIRING A PROVEN LOCAL SOLUTION, COMMUNITY-BASED MANAGEMENT, WITH A

UNIQUE DELIVERY METHOD BASED ON BEHAVIORAL INSIGHTS AND SOCIAL

Name of the organization RARE	Employer identification number 23-7380563
MARKETING PRINCIPLES TO ENGAGE AND MOBILIZE THOSE COMMUNITIES. OUR WORK	
LEADS TO MORE ABUNDANT MARINE LIFE AND HEALTHIER COASTAL HABITATS. FOR	
THE COMMUNITIES WE SERVE, OUR WORK HELPS ENSURE MORE SUSTAINABLE FOOD	
SUPPLY, IMPROVED SOCIAL EQUITY, AND GREATER RESILIENCE TO EXTERNAL	
IMPACTS-ESPECIALLY THOSE RELATED TO CLIMATE CHANGE.	
IN 2018, RARE, THROUGH FISH FOREVER, UNDERTOOK A COMPREHENSIVE PROGRAM	
REVIEW OF 41 PROJECT SITES IN BRAZIL, INDONESIA, AND THE PHILIPPINES	
ENCOMPASSING 260 COMMUNITIES, 35,000 FISHERS, AND 570,000 PEOPLE, AND	
SYNTHESIZING SYNTHESIZED DATA FROM 2,400 IN-WATER SURVEYS OF CORAL	
REEFS, 15,000 INDIVIDUAL AND HOUSEHOLD SURVEYS, AND THE LANDING RECORDS	
FROM NEARLY 56,000 FISHING TRIPS. THE PROGRAM RESULTED IN 60 MANAGED	
ACCESS WITH RESERVE AREAS REPRESENTING 600,000 HECTARES OF COASTAL	
WATERS AND 27,000 HECTARES OF FULLY-PROTECTED RESERVES. AT 97% OF THE	
SITES, THE AMOUNT OF FISH REMAINED STABLE OR INCREASED. CORAL COVER	
REMAINED STABLE OR INCREASED INSIDE RESERVES AT 80% OF THE SITES.	
FIFTY-ONE LEGALLY-RECOGNIZED DECISION-MAKING BODIES REPRESENTING 259	
COMMUNITIES WERE STRENGTHENED OR ESTABLISHED TO OVERSEE MANAGED ACCESS	
WATERS, RESERVES, AND FISHING ACTIVITIES. THE PROGRAM INCREASED	
PARTICIPATION IN FISHERIES MANAGEMENT AND CONFIDENCE IN FOOD AND	
ECONOMIC SECURITY; STRENGTHENED POLICIES AND GOVERNANCE TO PROVIDE A	
CLEAR PATH TO SCALE; AND BUILT RECOGNITION THAT SUSTAINABLE SMALL-SCALE	
FISHERIES ADDRESS AT LEAST SIX OF THE UN'S SUSTAINABLE DEVELOPMENT	
GOALS.	
IN 2018, FISH FOREVER ALSO EXPANDED TO GUATEMALA, BELIZE, MEXICO, AND	
HONDURAS, BRINGING OUR COMPREHENSIVE APPROACH TO THE COMMUNITIES ALONG	
THE MESOAMERICAN REEF.	

CLOSED WITH \$22M IN INVESTMENTS, RARE IS ALSO RARE IS WORKING WITH

PRIVATE-SECTOR PARTNERS AND LOCAL ORGANIZATIONS TO DESIGN, TEST, AND

SCALE MULTI-LOCAL INTERVENTIONS IN THE AGRICULTURE AND FISHERIES

ACHIEVEMENTS INCLUDE:

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

UPON JOINING, STAFF AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST DISCLOSURE STATEMENT INDICATING THE CAPACITY IN WHICH YOU ARE

SERVING THE ORGANIZATION, ANY AFFILIATIONS WITH RARE'S BUSINESS PARTNERS,

OR ANY BENEFIT GAINED THROUGH A RARE BUSINESS TRANSACTION. DETAILED

INFORMATION ON ANY SUCH POTENTIAL CONFLICT MUST BE FULLY DISCLOSED ON THE

FORM. ANNUALLY, STAFF AND BOARD MEMBERS ARE REQUIRED TO PROVIDE ANY

UPDATES.

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

ANNUALLY, RARE STAFF COMPILES DATA FROM CURRENT MARKET COMPENSATION SURVEYS

AND OTHER RELEVANT RESEARCH IN ADDITION TO A SELF EVALUATION OF THE CEO AND

Name of the organization RARE Employer identification number 23-7380563 (80). THE TOTAL NUMBER OF WORLDWIDE EMPLOYEES IS 156.
·

SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2017

OMB No. 1545-0047

Employer identification number 23-7380563

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. RARE

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASSOCIACAO RARE DO BRASIL	SOCIAL WELFARE,				
RUA VISCONDE DE PIRAJA, 177- SALA 801, IPANE ENVIRONMENT,	ENVIRONMENT, FISHERIES,				
RIO DE JANEIRO, RIO DE JANEIRO, BRAZIL	FUNDRAISING	BRAZIL	0.	0.	RARE
RARE VENTURES, LLC					
1310 NORTH COURTHOUSE ROAD, STE 110					
ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	0.	0.	O. RARE
THE MELOY FUND I GP, LLC - 82-4210549					
1310 NORTH COURTHOUSE ROAD, STE 110					
ARLINGTON, VA 22201	IMPACT INVESTING	DELAWARE	319,230.	5,566,104.RARE	RARE
Hometification of Bolated Tax-Exempt Organizations. Complete		if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	rt IV, line 34, because	e it had one or more	related tax-exempt

Identification of Related Tax-Exempt Organizations. Complete if the organization answered organizations during the tax year. Part II

Section 512(b)(13) controlled entity?	Yes No						
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))						
(d) Exempt Code section							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 2

23-7380563

RARE

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(q)	3	(p)	(e)	(J)	(6)	3	(0)	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box n 20 of Schedule K-1 (Form 1065)	General or managing partner?	Per ow
THE MELOY FUND I, L.P -										
COMPUNIST DOAD SWE 110	E C C C C C C C C C C C C C C C C C C C									
ARLINGTON VA 22201	TNVESTING	E C	T GP LLC		c	c		2 2 2 2	;	6
			222 / 22		2	•	4	W/W	4	900.
							_			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	(b) (J)	rimary activity Legal domicile Direct controlling Type of entity (C corp, S corp, income foreign foreign controlled controlling times)	races of								
	3	rolling Type o	5								
	Đ	e Direct contre									
		Legal domicile (state or foreign	country)								
ilig ule tan year.	(q)	Primary activity									
כושמיות של המנכם מבים מיסוף כוממנים היות מיסוף מוסי ממוווט נוסי מאים.	(a)	Name, address, and EIN of related organization							*		

Schedule R (Form 990) 2017

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

					^	Vac	٤
on the tex year, dut the organization or negate in profits controlled on tity grant, or capital contribution reagae in more instance organization organization register in more instance organization register in more instance organization in more instance organization in more instance organization in more organization in the controlled organization organi			3		1076	_	
and of to (interest, gin availates) (all yor) distors (by certification (b) grant or capital contribution to related organization(s) grant, or capital contribution to related organization(s) grant or capital contribution from related organization(s) grant or capital contribution from related organization(s) grant or capital contribution from related organization(s) grant gran	During the tax year, did the organization engage in any of the following tran	with one or more rel	ated organizations listed ir	Parts I-IV	1	1	
grant, or captal contribution to related organization(s) grant or captal contribution from related organization(s) is of loan guarantess to of for related organization(s) is of loan guarantess to of for related organization(s) is of loan guarantess to of for related organization(s) in device from related organization(s) in device from related organization(s) in device from related organization(s) is not good of assets to melated organization(s) in the second of the second organization(s) in organizatio					0	+	,
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Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Aip	ľ			1]
(k) Percent Owners						
General or F managing partner?						
Gen Gen 7.1						
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parhery Yes No						
Disproportionate allocations?						
(g) Share of end-of-year assets						
(f) Share of total income						
Are all partners sec. 501(c)(3) orrs.?						
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)			٠			
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 RARE	23-7380563	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART I, IDENTIFICATION OF DISREGARDED ENTITIES:		
NAME AND ADDRESS OF DISREGARDED ENTITY:		
ASSOCIAÇÃO RARE DO BRASIL		
RUA VISCONDE DE PIRAJA, 177- SALA 801, IPANEMA		
RIO DE JANEIRO, RIO DE JANEIRO, BRAZIL 22410		
RIO DE ORIGINO, NIO DE GIAZINO, ESSESEE DE SE		