EXTENDED TO NOVEMBER 15, 2018

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

Open to Public

OMB No. 1545-0047

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. Inspection A For the 2017 calendar year, or tax year beginning

B c	Check if	C Name of organization		D Employer identifi	cation number
	pplicab				
X	Addre	•			
	Name chang	Doing business as			151932
	Initial return	,	Room/suite		
	Final return termir			802-	861-0460
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,614,527.
	Amen return	BORDINGTON, VI 05401		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: NATE WILLIAMS		for subordinates	
	•	^{ng} 47 MAPLE STREET, SUITE 103, BURLINGTON		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	┥,	list. (see instructions)
		te: ► ONEPERCENTFORTHEPLANET • ORG forganization: X Corporation Trust Association Other ►	1	H(c) Group exemption	
	orm o	<u> </u>	L Yea	r of formation: 2001	M State of legal domicile: CA
Г		Summary Briefly describe the organization's mission or most significant activities: 1% F	ОБ ШП.	F DI.ANET EYT	פייפ יים
Governance	1	BUILD AND SUPPORT AN ALLIANCE OF BUSINES	SES F	INANCIALLY C	OMMITTED TO
ern	2	Check this box if the organization discontinued its operations or dispo	sed of mo	ı	-
Š	3			3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			14
Activities &	6	Total number of volunteers (estimate if necessary)			15
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	······		
		Contributions and grants (Part VIII line 1h)	-	Prior Year 605,199.	Current Year 594,599.
ne	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,011,126.	1,006,396.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	150.
æ	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,675.	13,382.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,621,010.	1,614,527.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		904,546.	1,056,203.
Expenses				0.	0.
Бе	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 170, 3	41.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		334,675.	413,733.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,239,221.	1,469,936.
	l .	Revenue less expenses. Subtract line 18 from line 12		381,789.	144,591.
or ces			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		850,972.	1,044,315.
it As	21	Total liabilities (Part X, line 26)		189,670.	238,422.
		Net assets or fund balances. Subtract line 21 from line 20		661,302.	805,893.
	art II	Signature Block			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich prepare	er nas any knowledge.	
٠.		Signature of officer		I Date	
Sign		KATE WILLIAMS, EXECUTIVE DIRECTOR		Duto	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	II PTIN
Paid	i	STEPHEN P. TRENHOLM, CPA		11/02/18 self-employ	
	arer	Firm's name GALLAGHER, FLYNN & COMPANY, LLP		Firm's EIN	03-0225774
	Only	Firm's address 55 COMMUNITY DRIVE, SUITE 401		. Ann o Env	
	•	SOUTH BURLINGTON, VT 05403		Phone no.80	2-863-1331
Mav	/ the I	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Form	1990 (2017) 1% FOR THE PLANET, INC.	91-2151932	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	1% FOR THE PLANET EXISTS TO BUILD AND SUPPORT AN ALLIAN		
	BUSINESSES FINANCIALLY COMMITTED TO CREATING A HEALTHY	PLANET.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	x X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expense	25
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	, ,	,
4a	(Code:) (Expenses \$ 1,095,652 • including grants of \$) (Reven	nue \$ 1,019	,778·)
	THE ORGANIZATION CARRIES OUT ITS MISSION BY MARKETING T		,,
	VISIBILITY AND DEMAND FOR THE 1% FOR THE PLANET BRAND,	BUILDING AND	<u> </u>
	MAINTAINING PARTNERSHIPS TO CREATE OPPORTUNITIES TO EXT		
	ORGANIZATION'S MISSION, ADDING NEW MEMBER COMPANIES TO	THE	
	ORGANIZATION, AND PROVIDING MEMBER SERVICES TO MATRICUL	ATE AND REN	ΞW
	MEMBERSHIP TO THE ORGANIZATION AND TO CERTIFY MEMBER CO	MPANY GIVING	.
	SPECIFICALLY, THE ORGANIZATION MANAGES AN ASSOCIATION W	HOSE MEMBERS	3
	COMMIT TO DONATING AT LEAST ONE PERCENT OF THEIR ANNUAL	REVENUES TO	<u> </u>
	APPROVED THIRD PARTY ORGANIZATIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
4c	(Code:) (Expenses \$	nue \$)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,095,652 •)	
4e	Total program service expenses ► 1,095,652.	F 1	990 (2017)
		⊢orm :	JJU (∠U I /)

Form 990 (2017) 1% FOR THE PLANET, INC. 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
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	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		7.	
	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			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Form 990 (2017) 18 FOR THE PLANET, INC. Part IV Checklist of Required Schedules (continued)

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

Form 990 (2017) 1% FOR THE PLANET, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш			
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 2a 14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		v			
	to file Form 8282?	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8					
9	Sponsoring organizations maintaining donor advised funds.	0					
9	Did the analysis appropriation make any touch be distributions and a section 40000	9a					
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	30					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
С	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		Form	990	(2017			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	d finan	cial	
	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:			
	KATE WILLIAMS - 802-861-0460			
	47 MAPLE STREET, SUITE 103, BURLINGTON, VT 05401			

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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.

Name and Title	Average hours per week (list any hours for related organizations below	box offi	not c	ss pe	more rson	than is bot	h an	Reportable compensation	Reportable	Estimated	
	(list any hours for related organizations	ee or director				717 ti do	tee)	from	compensation from related	Estimated amount of other	
	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) BRANT BARTON CHAIR	2.00	X		x				0.	0.	0	
(2) T. J. WHALEN	0.50	₽		₽				0.	0.	-	
PREASURER	0.30	x		х				0.	0.	0	
(3) HILLARY DESSOUKY	0.50	 						•	•		
SECRETARY		Х		Х				0.	0.	0	
(4) GUILLAUME CUVELIER	1.00	.,						0	0	•	
DIRECTOR	1.00	Х						0.	0.	С	
(5) KATHERINE COUSINS DIRECTOR	1.00	X						0.	0.	C	
(6) ELIZABETH MCNICHOLS	1.00	 									
DIRECTOR		X						0.	0.	0	
(7) JIM OSGOOD	1.00										
DIRECTOR		Х						0.	0.	0	
(8) MARC RANDOLPH DIRECTOR	1.00	X						0.	0.	0	
(9) KATHERINE WILLIAMS	40.00	^						0.	0.	0	
CEO	1000			х				110,000.	0.	33,210	
		-									
						-					
32007 11-28-17		<u> </u>			<u> </u>		<u> </u>			Form 990 (20	

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Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	:d
		hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio			nount (of
		(list any	_		<u> </u>	<u> </u>	T		from the	from related organization			other pensa	tion
		hours for	direct				- E		organization	(W-2/1099-MIS			om the	
		related	tee or	ıstee			ensate		(W-2/1099-MISC)		,	org	anizati	ion
		organizations	al trus	nal trı		oyee	omp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	วทร
		1110)	Ĕ	Ë	₽	ā.	Ę ja	요						
			1											
							\vdash							
1b	Sub-total			<u> </u>				<u> </u>	110,000.		0.	3	3,2	10.
	Total from continuation sheets to Part V								0.		0.		- / -	0.
	Total (add lines 1b and 1c)								110,000.		0.	3	3,2	10.
2	Total number of individuals (including but r								received more than \$100	,000 of reportab	le			
	compensation from the organization												V I	1
3	Did the organization list any former officer,	director or tr	ıcto	o ko	w or	mole	21/00	٥٢	highest compensated o	mplovos on	ı		Yes	No
3	line 1a? If "Yes," complete Schedule J for s	•			•	•	•	-	•			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	-		-					•			4		Х
5	Did any person listed on line 1a receive or	-				-			ted organization or indivi	dual for services	,			7.7
S00	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J t	for st	uch	pers	son .					5		X
1	Complete this table for your five highest co	mnensated in	den	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	nnens	ation f	from	
•	the organization. Report compensation for	=	-								пропо	utioi i	10111	
	(A)								(B)			(0		
	Name and business	address	N(INC	3				Description of s	ervices	С	ompe	nsatio	า
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0						000	
												Form	990 (2	2017)

732008 11-28-17

Pa	rt v	Ш			ance or note to any	ling in this Port VIII			
			Check if Schedule O cont	ains a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a	1				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, (С	Fundraising events	1c					
gift			Related organizations						
ini,		е	Government grants (contribut	ions) 1e					
tion 's		f	All other contributions, gifts, gran	ts, and					
ള			similar amounts not included abo	ve 1f	594,599	•			
현		g	Noncash contributions included in lines	1a-1f: \$					
<u>2 g</u>		h	Total. Add lines 1a-1f		>	594,599.			
				_	Business Cod				
Se	2	а	MEMBERSHIP DUES	5	900099	1,006,396.	1,006,396.		
ez.		b							
n S		С							
grar Re		d							
Program Service Revenue		е							
ш		f	All other program service reve			1 006 206			
		g	Total. Add lines 2a-2f			1,006,396.			
	3		Investment income (including			150.			150.
	١,		other similar amounts)			150.			150.
	5								
	3		Royalties	(i) Real					
	۱	2	Gross rents	(i) Near	(ii) Feisoriai	-			
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securit					
			assets other than inventory	() = = =	(-)				
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)						
une			Gross income from fundraisin including \$	g events (no					
ě			contributions reported on line						
Other Revenue			Part IV, line 18		a				
Ĕ		b	Less: direct expenses						
O		С	Net income or (loss) from fund	draising ever	nts >				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam		s				
	10	а	Gross sales of inventory, less						
			and allowances			_			
			Less: cost of goods sold						
		С	Net income or (loss) from sale			-			
	44	_	Miscellaneous Revenu OTHER REVENUE	е	Business Cod	13,382.	13,382.		
			OTHER KEYENOE		- Juday	13,302.	13,302.		
		b							
		c d	All other revenue			+			
			Total. Add lines 11a-11d			13,382.			
	12	-	Total revenue. See instructions.			1,614,527.		0.	150.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101,678. 13,573. 27,960. 143,211. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 650,298. 530,566. 64,851. 54,881. Other salaries and wages 7 Pension plan accruals and contributions (include 4,161 34,629. 21,902. 8,566. section 401(k) and 403(b) employer contributions) 165,447. 148,140. 11,005. 6,302. Other employee benefits 9 62,618. 41,743. 11,782. Payroll taxes 9,093. 10 Fees for services (non-employees): a Management 18,951. 6,101. 12,000. 850. Legal 67,340. 67,340. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 81,262. 80,449. 813. column (A) amount, list line 11g expenses on Sch O.) <u>7,</u>357. 652. 6,628. Advertising and promotion 12 34,331. 3,569. 28,551. 2,211. 13 Office expenses 15,746. 12,596. 1,575. 1,575. 14 Information technology 15 Royalties 42,226. 33,780. 4,223. 4,223. 16 Occupancy 11,026. 104,838. 62,199. 31,613. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 1,707. 7,671. 17,049. 7,671. Depreciation, depletion, and amortization 22 1,358. 1,358. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK & TRANSACTION FEES 23,275. 18,899. 1,565. 2,811. C All other expenses 1,469,936. 1,095,652. 203,943. 170,341. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X	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	574,265.	1	794,607
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	114,045.	3	3,779
4	Accounts receivable, net	63,388.	4	161,645
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	41,053.	9	35,632
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 25,116.			
b		11,721.	10c	14,746
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	46,500.	14	33,906
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	850,972.	16	1,044,315
17	Accounts payable and accrued expenses	67,156.	17	71,153
18	Grants payable		18	
19	Deferred revenue	122,514.	19	167,269
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ദ്ദ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	189,670.	26	238,422
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S G	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	517,257.	27	717,948
28	Temporarily restricted net assets	144,045.	28	87,945
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ရှိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
z 33	Total net assets or fund balances	661,302.	33	805,893
34	Total liabilities and net assets/fund balances	850,972.	34	1,044,315

⊢orm	1990 (2017) 16 FOR THE PLANET, INC.	ЭТ-	-7T2T22	4	Pag	e 12	
Pa	rt XI 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	1,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4				
3	Revenue less expenses. Subtract line 2 from line 1	3		44			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	61	, 30	02.	
5	Net unrealized gains (losses) on investments	5					
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,			05			
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	Y	es	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				_		
b	Were the organization's financial statements audited by an independent accountant?		21	2	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	Б,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2	:	_	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?		3	3		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	۱ .			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 1% FOR THE PLANET, INC. 91-2151932 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	·										
Cale	ndar 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.")	2266755.	1886213.	1427723.	605,199.	594,599.	6780489.							
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	0066555	1006010	4.400000	605 100	504 500	6500400							
4	Total. Add lines 1 through 3	2266755.	1886213.	1427723.	605,199.	594,599.	6780489.							
5	The portion of total contributions													
	by each person (other than a													
	governmental unit or publicly													
	supported organization) included													
	on line 1 that exceeds 2% of the													
	amount shown on line 11,													
	column (f)						635,458.							
	Public support. Subtract line 5 from line 4.						6145031.							
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			T	r								
	ndar year (or fiscal year beginning in)	(a) 2013 2266755.	(b) 2014 1886213.	(c) 2015 1427723.	(d) 2016 605,199.	(e) 2017 594, 599.	(f) Total 6780489 •							
	Amounts from line 4	2200/33.	1000713.	142//25.	605,199.	394,399.	6/80489.							
8	Gross income from interest,													
	dividends, payments received on													
	securities loans, rents, royalties,				10	150	160							
	and income from similar sources				10.	150.	160.							
9	Net income from unrelated business													
	activities, whether or not the													
	business is regularly carried on													
10	Other income. Do not include gain													
	or loss from the sale of capital													
	assets (Explain in Part VI.)						6780649.							
	Total support. Add lines 7 through 10	-1- (:11	\			40 2	,331,749.							
12	Gross receipts from related activities,			d fourth or fifth to			, 331 , 749 •							
13	First five years. If the Form 990 is for organization, check this box and stop				•									
Sec	ction C. Computation of Publ		rcentage											
	Public support percentage for 2017 (I			column (f))		14	90.63 %							
	Public support percentage from 2016					15	93.90 %							
	33 1/3% support test - 2017. If the c					nore, check this bo								
	stop here. The organization qualifies													
b	33 1/3% support test - 2016. If the o													
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation										
17a	10% -facts-and-circumstances tes													
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt VI how the organ	ization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□							
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or							
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the								
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picade com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	` ` ′	1)	``
	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 business under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities					1	
э	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 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 first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
_	check this box and stop here						_
	ction C. Computation of Publ						
15	Public support percentage for 2017 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2017. If the	organization did ı	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	o 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	•			•	•	
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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
OI-		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
3C		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Pai	Supporting Organizations (continued)			igo o
	Cappointing Organizations (CONTINUES)		Yes	Na
44	Healtha avanization accorded a gift or contribution from any of the fellowing research		res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	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		
С	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			
	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		
Sect	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 integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		.	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> i </u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u>e</u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DAN EMMET	145,000.	9,387.
GEORGE GUND FOUNDATION	200,000.	64,387.
PATAGONIA (C)	235,573.	99,960.
PARIS PRESENTS	193,682.	58,069.
HIGH MEADOWS FOUNDATION	150,000.	14,387.
EROL FOUNDATION	264,000.	128,387.
JOHNSON FAMILY FOUNDATION	153,333.	17,720.
ORFALEA FUND	350,000.	214,387.
CARL FARENBACH	150,000.	14,387.
VARIOUS FROM 2013 RETURN	150,000.	14,387.
Total Excess Contributions to Schedule A, Part II, Line 5		635,458.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

1% FOR THE PLANET TNC. **Employer identification number** 91 - 2151932

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Account	S.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		ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			_	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically importan	t land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservatio	n easement on the last
	day of the tax year.			ld at the End of the Tax Year
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			ring the tax
	year▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easem	ents during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements	during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(l	n)(4)(B)(i)	
	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 organiza	tion's financial statements that describes t	he organization	's accounting for
	conservation easements.			
Pai			her Similar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balanc	e sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ce of public se	vice, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sh	eet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, prov	ride the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		> \$_	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> \$	

732051 10-09-17

Schedule D (Form 990) 2017

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

Pai	rt III Organizations Maintaining Col	llections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contir	nued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply):											
а	Public exhibition	d		oan or exc	hange progra	ams						
b	b Scholarly research e Other											
С												
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Part X	(, line 21.										
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for o	contribution	ns or other as	sets not	included		_			
	on Form 990, Part X?								Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing ta	able:								
									Amount	<u>t</u>		
С	Beginning balance						1c					
	Additions during the year											
	British at the state of											
f	Ending balance						1f					
2a	Did the organization include an amount on Forn	n 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liabil	ity?	L	Yes	L No		
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch											
Pai	rt V Endowment Funds. Complete if the	ne organization an	swered '	'Yes" on Fo	orm 990, Parl	t IV, line	10.					
		a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back		
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	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 current	nt year end balanc	e (line 1	g, column (a	a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.										
3a	Are there endowment funds not in the possession	ion of the organiza	ation tha	t are held a	nd administe	ered for tl	he organi	zation	-			
	by:									Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	(),								3b			
4	Describe in Part XIII the intended uses of the or		wment f	unds.								
Pai	rt VI Land, Buildings, and Equipmer											
	Complete if the organization answered "	1										
	Description of property	(a) Cost or or basis (investn			or other (other)	` '	ccumulat oreciation		(d) Bool	k value		
1a	Land											
С	Leasehold improvements											
d	Equipment			2	5,116.		10,3	70.	1	4,746.		
	Other											
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, colum	n (B), line 1	10c.)				1	4,746.		

Schedule D (Form 990) 2017 1% FOR THE	PLANET,	INC.			91-2151932	Page
Part VII Investments - Other Securities.	" -	5	0 5 000	D 13/ E 10		
Complete if the organization answered "Yes						
(a) Description of security or category (including name of security)		(value	(c) Method of	valuation: Cost 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.						
Complete if the organization answered "Yes						
(a) Description of investment	(b) Book	k value	(c) Method of	valuation: Cost or	end-of-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.)	-					
Part IX Other Assets.						
Complete if the organization answered "Yes	s" on Form 990,	Part IV, line	11d. See Form 990	, Part X, line 15.		
(a) Description				(b) Book v	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15)					
Part X Other Liabilities.	ne 13.)		•••••			
Complete if the organization answered "Yes	" on Form 000	Dart IV line	110 or 11f Soo For	m 000 Part V line	25	
(a) Description of Bability	, on ronn 990,		(b) Book value	111 990, 1 att X, iii k	5 20.	
			(~) DOOR VAIDO			
(1) Federal income taxes						
(2)						
(3)						
(4)						
(5)						

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 X

Schedule D (Form 990) 2017

(6) (7) (8)

Part XI Reconciliation of Revenue per Audited Fin	ancial Statements W	ith Revenue per R	eturn	l.
Complete if the organization answered "Yes" on Form 99	00, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial sta	atements		1	1,910,697.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1	12:			
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	296,170.		
e Add lines 2a through 2d			2e	296,170.
3 Subtract line 2e from line 1			3	1,614,527.
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7	 			
b Other (Describe in Part XIII.)	4b			0
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, F			5 Dotu	1,614,527.
Part XII Reconciliation of Expenses per Audited Fin		ith Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 99				1 766 106
1 Total expenses and losses per audited financial statements			1	1,766,106.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		296,170.		
d Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		20	296,170.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			2e 3	1,469,936.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line			3	1,100,000
a Investment expenses not included on Form 990, Part VIII, line 7	1 1			
b Other (Describe in Part XIII.)	 			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990,			5	1,469,936.
Part XIII Supplemental Information.				,,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	ines 1a and 4: Part IV. lines	1b and 2b; Part V, line	1: Part	X. line 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			.,	, , <u>_</u> , . <u>_</u> ,,
, , , , , , , , , , , , , , , , , , , ,	,			
PART X, LINE 2:				
EACH YEAR MANAGEMENT CONSIDERS WHET	HER ANY MATER	IAL TAX POSI	TIOI	N THE
ORGANIZATION HAS TAKEN IS MORE LIKE	ELY THAN NOT TO	O BE SUSTAIN	ED (JPON
EXAMINATION BY THE APPLICABLE TAXIN	G AUTHORITY.	MANAGEMENT	BEL:	IEVES THAT
ANY POSITIONS THE ORGANIZATION HAS	TAKEN ARE SUP	PORTED BY SU	BST	ANTIAL
AUTHORITY AND, THEREFORE, DO NOT NE	EED TO BE MEAS	URED OR DISC	LOS	ED IN THESE
FINANCIAL STATEMENTS. TAX RETURNS E	FOR YEARS SUBS	EQUENT TO 20	<u> 13 Z</u>	ARE SUBJECT
TO EXAMINATION BY TAX AUTHORITIES.				
DADE UT ITHE OR ABITED ASSISTANCE	1 a .			
PART XI, LINE 2D - OTHER ADJUSTMENT	.p:			
MEMBEDOUTD DEVENUES DELYMEN DO YES	יים שמו שחת שחתי	PTVPD TV		
MEMBERSHIP REVENUES RELATED TO AFFI	LITATE NOT KEC	CIAED IN		
CASH				296,170.
C11D11				470,110·

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

10.	היים הווה היים	TM TMC				01 01510	າາ
Pai	FOR THE PLAN		ctivities Ou	tside the United States. Comple	ate if the erges	91-21519	
rai	Form 990, Part IV		ictivities ou	tside the Officed States. Comple	ete ii trie organ	ization answered	res on
1			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
	United States.						
3				an be duplicated if additional space is a (d) Activities conducted in the region		الم الما الماد الم	(6) Total
	(a) Region	(b) Number of offices in the region	employees,	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EURC	PE (INCLUDING						
	AND & GREENLAND)						
	BANIA, ANDORRA, RIA, BELGIUM	1		PROGRAM SERVICES	MEMBERSHIP	CEDVICEC	0.
HODI	KIA, DEBGION			I ROGRAM BERVICES	MEMBERSHIII	BERVICES	
							+
	Sub-total	1	0				0.
b	Total from continuation		_				
_	sheets to Part I Totals (add lines 3a	0	0				0.
U	and 3b)	1	0				0.
LHA	For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2017

732071 10-06-17

3 Enter total number of other organizations or entities

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				

Schedule F (Form 990) 2017 - Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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

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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

OMB No. 1545-0047

Name of the organization

1% FOR THE PLANET, INC.

Employer identification number 91-2151932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CREATING A HEALTHY PLANET. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE ALLOWED TO USE THE LOGO AND MATERIALS FOR MARKETING ON THEIR BUSINESS, IN EXCHANGE FOR A COMMITMENT TO DONATE 1% OF THEIR GROSS REVENUES TO NONPROFIT ORGANIZATIONS WHICH SUPPORT THE PLANET AND A HEALTHY **ENVIRONMENT.** FORM 990, PART VI, SECTION B, LINE 11B: BOARD IS EMAILED A DRAFT COPY OF THE 990 BEFORE IT IS FINALIZED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD IS REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS WHENEVER THEY COME UP. FORM 990, PART VI, SECTION B, LINE 15A: BASE COMPENSATION IS DETERMINED BY MARKET FACTORS INCLUDING COMPARABLES AND SUBSTITUTES. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

BRANT BARTON - 4224 VERANO DRIVE, AUSTIN, TX 78735

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization 1% FOR THE PLANET, INC.	Employer identification number 91-2151932
T. J. WHALEN - 646 LIME KILN ROAD, CHARLOTTE, VT 05445	
HILLARY DESSOUKY - 1505 LINGATE LANE, SANTA BARBARA, CA 9	3108
GUILLAUME CUVELIER - 30 E. 71ST STREET, NEW YORK, NY 1002	1
KATHERINE COUSINS - 200 DOMAIN DRIVE, STRATHAM, NH 03885	
ELIZABETH MCNICHOLS - 329 CONNECTICUT STREET, SAN FRANCIS	CO, CA 94107
JIM OSGOOD - 416 SOUTHBURY LANE, CHICO, CA 95973	
MARC RANDOLPH - 322 CHARLES HILL ROAD, SANTA CRUZ, CA 950	65
KATHERINE WILLIAMS - 98 WALLIS WOODS RD, WAITSFIELD, VT 0	5673

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2017 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 91-2151932

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		(f) et controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34,	because it had on	e or more related tax-	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
1% FOR THE PLANET FRANCE (1% FONDS DE				501(c)(3))		Yes	No
DOTATION), 111 ALLEE LE CHENE, BLUFFY, FRANCE 74290	ENVIRONMENTAL GIVING CONSULTATION	FRANCE			1% FOR THE PLANET, INC.	х	

1% FOR THE PLANET, INC.

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

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)												
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	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	General	Percentage ownership												
of related organization		(state or foreign	entity						amount in box	partner?	ownersnip												
		country)		sections 512-514)		455515	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No													
	1																						
	1																						
	1																						
	1																						
	1																						
					•	1																	
	1																						
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	1																						
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		l							I														

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	entity:	
		country)		or tracty		400010		Yes	No	
									 	
-										
									<u> </u>	
	1									
									<u> </u>	
		20						$oxed{oxed}$		

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

No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				X				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)		1c		X				
	d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)		1f		X				
g	g Sale of assets to related organization(s)		1g		X				
	h Purchase of assets from related organization(s)		1h		X				
i	i Exchange of assets with related organization(s)		1i		X				
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)	·	1k		X				
- 1	l Performance of services or membership or fundraising solicitations for related organization(s)								
n	m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Х					
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X				
	o Sharing of paid employees with related organization(s)		10		X				
р	p Reimbursement paid to related organization(s) for expenses	·	1p	Х					
	q Reimbursement paid by related organization(s) for expenses		1q		X				
r	r Other transfer of cash or property to related organization(s)		1r		X				
	s Other transfer of cash or property from related organization(s)		1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	olds.							
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining type (a-s)	amount involv	/ed						
(1) 1% FOR THE PLANET FRANCE B 0.CASH PAID									

(2) 1% FOR THE PLANET FRANCE 0.CASH PAID M (3) 1% FOR THE PLANET FRANCE 0.CASH PAID Ρ (4) 1% FOR THE PLANET FRANCE 0.CASH PAID S (5)

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

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.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners	Sec. Share of	Share of	Disprop	Code V-UBI amount in box 2 of Schedule K- (Form 1065)	General	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(i oras.?	3) total	end-of-year	allocatio	e amount in box 2 ns? of Schedule K-	20 managin 1 partner	ownership
		country)	sections 512-514)	Yes N	income	assets	Yes I	(Form 1065)	Yes No	5
	_									
-										
	_									
	-									
-	-									
				\vdash			++	+	++	+
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							† †			
	1									
	1									
-	1									
			1							

Page 4

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VAR. ASSETS, INCLUDING FURNITURE AND EQUIP. VAR. WEBSITE DEVELOPMENT	VARIOUS	VAR	.000	ну16	25,116.				25,116.	10,370.		4,455.	14,825.
2	COSTS	VARIOUS	VAR	.000	ну16	46,500.				46,500.	12,594.		12,594.	25,188.
	* TOTAL 990 PAGE 10 DEPR					71,616.				71,616.	22,964.		17,049.	40,013.

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1, 2017, and ending DEC 31, 2017

OMB No. 1545-0704

Attachment Sequence No. **121**

automat revenue service 260000 (266 ili20 delli	ons) beginning C 23	.14 1 , 2	JO I I, and ending	, DDC 51, Z	<u> </u>			
Name of person filing this return			A Identifying num	ber				
1% FOR THE PLANET, INC.			91-2151	932				
Number, street, and room or suite no. (or P.O. box number if mail is n	ot delivered to street addr	lress)		(See instructions. C	heck annli	icable box(es))-	
47 MAPLE STREET, SUITE 103				1 (repealed) 2				
City or town, state, and ZIP code				ercentage of the fore				
BURLINGTON, VT 05401				e end of its annual a			%	
Filer's tax year beginning JAN 1	, 2017 , and end	ding DEC		,2017				
D Check if any excepted specified foreign financial assets			tructions)					
E Person(s) on whose behalf this information return is file	ed:	,	,					
(4) Name	(0) 4 4 4	d		(0) I do a tif da a a como	. (4) Check applica	able box(es)	
(1) Name	(2) Add	aress		(3) Identifying num	Share	eholder Office	er Director	
Important: Fill in all applicable lines and schedule	es. All information r	must be in	English. All amou	nts must be state	d in U.S.	. dollars		
unless otherwise indicated.				_				
1a Name and address of foreign corporation	. /10 =0	~		b(1) Employer id		on number, if a	any	
1% FOR THE PLANET FRANCE	: (1% FOND	S DE L	OUTATION)	00000				
111 ALLEE LE CHENE				b(2) Reference I		r (see instruction	ons)	
BLUFFY 74290				00000		 		
FRANCE				c Country un		e laws incorpor	rated	
d Date of e Principal place of business	f Principal	D	de de di bonde de de			ınctional curre	incv	
incorporation	business activity		rincipal business ac RONMENTA		II Tu	ilictional curre	Ticy	
01/01/16FRANCE	code number 541990	1	ING CONSU					
2 Provide the following information for the foreign corpo	<u> </u>			nı kor	OFEA	N ONTO	N, EURO	
a Name, address, and identifying number of branch office			1	b If a U.S. income	tav returi	n was filed en	tor:	
a Name, address, and identifying number of branch once	o or agent (ii arry) in t	tile Offited Of	aics	b ii a o.o. iiicoiiic	tax roturi	(ii) ILS_income tax paid		
				(i) Taxable income	or (loss)	loss) (after all credits)		
			i					
c Name and address of foreign corporation's statutory o	r resident agent	d	Name and address ((including corporate	departme	nt, if applicabl	le) of	
in country of incorporation	· ·		person (or persons)) with custody of the	books an	id records of th	hé foreign	
			corporation, and the	e location of such bo	UKS allu l	ecorus, ii uille	Telli	
Schedule A Stock of the Foreign Cor	poration							
				(b) Number o	f shares is	ssued and outs	standing	
(a) Description of each	h class of stock			(i) Beginning of a			of annual	
2012101				accounting per		accountil	ng period	
COMMON					100		100	
						:		
LHA For Paperwork Reduction Act Notice, see instruction	ons.				F	Form 5471 ((Rev. 12-2015)	

Form 5471 (Rev. 12-2015)

Schedule B.I.U.S. Shareholders of Foreign Corporation

Scriedule B	U.S. Shareholders of I	oreign corporation			
nu	, address, and identifying mber of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
	E PLANET, INC.		100	100	
	ST., SUITE 103 N VT 05401				
91-215193					

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a	277,210.	325,886.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a		277,210.	325,886.
	2 Cost of goods sold	2		
ne	3 Gross profit (subtract line 2 from line 1c)	3	277,210.	325,886.
ncome	4 Dividends			
드	5 Interest			
	6a Gross rents			
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets			
	8 Other income (attach statement)	8		
	9 Total income (add lines 3 through 8)	9	277,210.	325,886.
	10 Compensation not deducted elsewhere			
	11a Rents			
	b Royalties and license fees			
S	12 Interest			
Deductions	13 Depreciation not deducted elsewhere	13		
ઠ	14 Depletion			
Ğ	15 Taxes (exclude provision for income, war profits, and excess profits taxes)			
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 1	16	277,210.	325,886.
	17 Total deductions (add lines 10 through 16)	17	277,210.	325,886.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
4	the provision for income, war profits, and excess profits taxes (subtract line			
Ĕ	17 from line 9)	18		
ŭ	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes			
~	21 Current year net income or (loss) per books (combine lines 18 through 20)	21		

Form **5471** (Rev. 12-2015)

Form 5471 (Rev. 12-2015) Page **3**

S	Schedule E Income, War Profits, and Excess Profi	ts Taxes Paid or Accr	ued						
	(0)		Amount of tax						
	(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars					
1	U.S.								
2									
3									
4									
5									
6									
7									
8	Total		>						

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	51,090	
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts		() (
3	Inventories			
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement)			
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	() (
	Depletable assets	9a	64.	•
b	Less accumulated depletion	9b	() (
10	Land (net of any amortization)	10		
11	Intangible assets:			
а	Goodwill	11a		
b	Organization costs			
C	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	() (
12	Other assets (attach statement)	12		
13	Total assets	13	51,154	. 111,260.
10	Liabilities and Shareholders' Equity	10	31,134	. 111,200.
14	Accounts payable	14	1,393	. 10,798.
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock;			
а	Preferred stock	18a		
b	Common stock	18b		
19	Paid-in or capital surplus (attach reconciliation)	19	8,191	8,191.
20	Retained earnings	20	41,570	
21	Less cost of treasury stock	21	() (
				<u>'</u>
22	Total liabilities and shareholders' equity	22	51,154	. 111,260.
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S	chedule G	Other Information								
						Yes	No			
1	During the tax	year, did the foreign corporation own at least a 10% inter	rest, directly or indirectly, in	any foreign			_			
							X			
		instructions for required statement.								
2	During the tax	year, did the foreign corporation own an interest in any tr	rust?				X			
3		year, did the foreign corporation own any foreign entities								
	from their own	ers under Regulations sections 301.7701-2 and 301.770	11-3?				X			
		e generally required to attach Form 8858 for each entity (
4		year, was the foreign corporation a participant in any cos					X			
5	During the cou	rse of the tax year, did the foreign corporation become a	participant in any cost shari	ng arrangement?			X			
6	During the tax	year, did the foreign corporation participate in any report	able transaction as defined i	n Regulations section 1.6011-4	l?		X			
		Form(s) 8886 if required by Regulations section 1.6011-								
7	-	year, did the foreign corporation pay or accrue any foreig	ın tax that was disqualified fo	or credit under section			X			
901(m)?										
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?										
6			<i>!</i>			<u></u>	X			
		Current Earnings and Profits	Lourropov							
_	•	et income or (loce) per foreign books of account	•		4					
1		et income or (loss) per foreign books of account			1					
2	•	s made to line 1 to determine current earnings and	Net	Net						
	-	ng to U.S. financial and tax accounting standards	Net Additions	Subtractions						
9	(see instruction	·	Auditions	JUDII AGII OIIS						
b		r losses nd amortization								
C	-	u amoruzaton								
d		ncentive allowance								
e		utory reserves								
f	-	stments								
q		, and the same of								
h		tatement)								
3	Total net additi									
4	Total net subtra	actions								
5a		gs and profits (line 1 plus line 3 minus line 4)			5a					
		(loss) for foreign corporations that use DASTM			5b					
		5a and 5b			5c					
		gs and profits in U.S. dollars (line 5c translated at the app								
	and the related	regulations)			5d					
_	Enter exchange	rate used for line 5d				<u> </u>				
		Summary of Shareholder's Income I								
		is completed, a separate Schedule I must be filed for eac	h Category 4 or 5 filer for wh	nom reporting is furnished on t	his Form	5471. This schedu	le			
l is	being completed	for:								
				11						
	me of U.S. share			Identifying number						
1		me (line 38b, Worksheet A in the instructions)			1					
2	Ü	ted in U.S. property (line 17, Worksheet B in the instruction	/	in the instructions)	2					
3	•	uded subpart F income withdrawn from qualified investn uded export trade income withdrawn from investment in	,	,	3					
4	•	•	•		,					
5	the instructions	,			5					
5 6		ne through 5. Enter here and on your income tax return			6					
7		ved (translated at spot rate on payment date under secti			7					
8			8							
-	Enomariye yalli	or (loss) on a distribution of previously taxed income				Yes	No			
•	Was any incom	e of the foreign corporation blocked?								
•	•	come become unblocked during the tax year (see section					Ħ			
lf th		er question is "Yes," attach an explanation.								
	anowor to oth	s. 4000000110 100, attaon an explanation.				F474 (D. 4	0.0045)			

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FORM 5471 OTHER I	DEDUCTIONS		STATEMENT	1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	ΔR
CONSULTING AND OTHER EXPENSES	277,210.		325,88	36.
TOTAL TO 5471, SCHEDULE C, LINE 16	277,210.		325,88	36.

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

EIN (if any)

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

Reference ID number

1% FOR THE PLANET, INC. Name of foreign corporation

91-2151932

1% FOR THE PLANET FRAN	CE (1% FONDS	DE DOTATION)		00000000	00000000	
Important: Enter amounts in	(a) Post-1986 Undistributed Earnings	(b) Pre-1987 E&P Not Previously Taxed	(sec	(c) Previously Taxed E&P ctions 959(c)(1) and (2) balan	ices)	(d) Total Section 964(a) E&P
functional currency.	(post-86 section 959(c)(3) balance)	(pre-87 section 959(c)(3) balance)	(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	(combine columns (a), (b), and (c))
Balance at beginning of year	39,392.					39,392.
2a Current year E&P						
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	39,392.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	39,392.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	39,392.					39,392.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

SCHEDULE M (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Name of foreign corporation

Identifying number

1% FOR THE PLANET, INC.

91-2151932 Reference ID number

1% FOR THE PLANET FRANCE (1% FOND 000000000

00000000

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

EIN (if any)

Enter the relevant functional currency and the exchange rate used throughout this schedule **EUROPEAN UNION**, (C) Any domestic corporation or partnership controlled by U.S. person filing this return (d) Any other foreign corporation or partnership controlled by (e) 10% or more U.S. hareholder of controlled (f) 10% or more U.S. (b) U.S. person filing this return (a) Transactions shareholder of foreign corporation (other than the U.S. person filing this return) any corporation controlling the foreign corporation U.S. person filing this return foreign corporation 1 Sales of stock in trade (inventory) **2** Sales of tangible property other than stock in trade 3 Sales of property rights (patents, trademarks, etc.)
Platform contribution transaction payments received 5 Cost sharing transaction payments received 6 Compensation received for technical, managerial, engineering, construction, or like services 7 Commissions received 8 Rents, royalties, and license fees received 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) 10 Interest received 11 Premiums received for insurance or reinsurance 12 Add lines 1 through 11..... 13 Purchases of stock in trade (inventory) 14 Purchases of tangible property other than stock in trade 15 Purchases of property rights (patents, trademarks, etc.) 16 Platform contribution transaction payments paid 17 Cost sharing transaction payments paid 18 Compensation paid for technical, managerial, engineering, construction, or like services **19** Commissions paid 20 Rents, royalties, and license fees paid 21 Dividends paid 22 Interest paid 23 Premiums paid for insurance or reinsurance 24 Add lines 13 through 23 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. 26 Amounts loaned (enter the maximum

712371 04-01-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2012)

loan balance during the year) - see instr

SCHEDULE O (Form 5471)

(Rev. December 2012) Department of the Treasury Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

OMB No. 1545-0704

Internal Revenue Service Attach to Form 5471. Name of person filing Form 5471 Identifying number 91-2151932 1% FOR THE PLANET, INC. Name of foreign corporation EIN (if any) Reference ID number 00000000 1000000000 1% FOR THE PLANET FRANCE (1% FONDS Important: Complete a separate Schedule O for each foreign corporation for which information must be reported. To Be Completed by U.S. Officers and Directors STATEMENT SEE (c) Identifying number (d) Date of original (a)
Name of shareholder for whom (e) Date of additional Address of shareholder acquisition information is reported of shareholder 10% acquisition 10% acquisition 47 MAPLE ST. STE 103 91-2151932 1% FOR THE PLANET BURLINGTON VT 05401 To Be Completed by U.S. Shareholders Note; If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person. Section A - General Shareholder Information (c) For shareholder's latest U.S. income tax return filed, indicate: Date (if any) shareholde last filed information Name, address, and identifying number (3) of shareholder(s) filing this schedule (2) Date return filed return under section 6046 Type of return (enter form number) Internal Revenue Service Center where filed for the foreign corporation Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation (a) (b) (c) Check appropriate Name of U.S. officer or director Social security number Address box(es) Officer Director Section C - Acquisition of Stock (e) (d) Number of shares acquired Class of stock Date of Method of Name of shareholder(s) filing this schedule acquired acquisition

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule 0 (Form 5471)(Rev. 12-2012)

(2)

Indirectly

acquisition

(1)

Directly

(3)

Constructively

Schedule (\cap	(Form	5/171	VRAV	12-201	2)
ociicuuic i	U	(1 01111	ו ודט)(IICV.	12 20 1	<u>~)</u>

(f) Amount paid or value given		(g) Name and address of person from whom shares were acquired									
		Section D - Dispositio	n of Stock								
(a)	(b)	(c)	(d)	Numb	(e) er of shares dis	posed of					
Name of shareholder disposing of stock	Class of stock	Date of disposition	Method of disposition	(1) Directly	(2) Indirectly	(3) Constructively					
(f) Amount received		Name and address	(g) s of person to whom di	sposition of stock w	as made						
	Section E - Orga	anization or Reorganiza	tion of Foreign Corpor	ation							
Nam	(a) e and address of trans	sferor		(b) Identifying number (if any)		(c) Date of transfer					
Assets tr	(d) ansferred to foreign co	orporation		5 ((e)						
(1) Description of assets	(3) basis (if transferor s U.S. person)	Description of a	ssets transferred sued by, foreign	d by, or notes or corporation							
		Section F - Additional I	nformation								

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

Schedule 0 (Form 5471)(Rev. 12-2012)

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SCHEDULE O U	.s. OFFICERS	AND D	IRECTORS	INFORMATIO	ON STAT	EMENT	2
(A) NAME OF SHAREHOLDER FOR WHOM ACQUISITION INFORMATION IS REPORTED	(B) ADDRES SHAREH			(C) IDENTI- FYING NUMBER OF HAREHOLDER	(D) DATE OF ORIGINAL 10% ACQUI- SITION	(E) DATE ADDI TION 10% ACQU SITI	OF - IAL 5 JI-
1% FOR THE PLANET	47 MAPLE S	_ , ,, ,,		1-2151932			